



CHEMIST & DRUGGIST

the newsweekly for pharmacy

June 1, 1991



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Pharmacy in court over land lease

API says 90pc
now use Pls

Grampian Holdings
bid for Macarthy

'Fit for the
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design awards



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CHEMIST & DRUGGIST

INCORPORATING
RETAIL CHEMIST
& PHARMACY UPDATE

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Published Saturdays by Benn

Publications Ltd, (member,

United Newspapers Group)

Sovereign Way, Tonbridge, Kent

TN9 1RW

Telephone: 0732 364422

Telex: 95132 Benton G

Facsimile: 0732 361534

Regional Advertisement Offices:

Manchester (Midland & North):

Area Manager: Brian Carter

(061-881 0112)

Subscriptions: Home £90 per annum.

Overseas & Eire £125 per annum including

postage. £1.85 per copy (postage extra).



Member of the Audit
Bureau of Circulations

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VOLUME 235 NO 5781

132nd YEAR OF PUBLICATION

ISSN 0009-3033

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COMMENT

Only a city dweller in a large metropolis could conceivably think of a town of some 30,000 souls as being "rural in character", but for dispensing purposes Evesham is so designated. Stranger still to think that, at a time when the trend is to turn countryside into suburbia, quirks in legislation still allow doctors in such a patently built-up environment to establish dispensing rights over sections of the community living one mile from the nearest pharmacy.

Evesham has six pharmacies; three are multiples, with a fourth a Vantage franchise. Perhaps because of their parentage, they may have greater natural resilience than their independent colleagues. But nonetheless the leeching away of their NHS dispensing rights to local GPs must threaten both multiple and independent alike. It can only be the fact that there are presently six pharmacies in Evesham that allows the Family Health Services Authority to decide that granting dispensing rights to one GP practice will not "adversely affect the proper provision of general medical services or pharmaceutical services in the locality". If a second Evesham practice succeeds in its appeal, and its application to dispense is granted, the affect on the

pharmacies could be catastrophic.

It is odd, also, that on one of the few occasions that pharmacists have co-operated to point to the possible consequences of patients exercising their option to switch to dispensing by medical, that the chorus of medical disapproval is so loud and long. Doctors have a proven track record of "creative campaigning" on rural matters. PSNC has long since given up referring such cases to the medical authorities for action. If patients are being asked to sign dispensing consent forms without explanation of what they are signing and the consequences, then the Society/PSNC-approved leaflet setting out their choices and the scope of current pharmaceutical services must be welcomed by those patients. It will be too late for patient protest when pharmacies close down.

Dr Roberts of the Dispensing Doctors Association must be living in cloud cuckoo land if he expects dispensing patients to ask their doctor for an FP10 (Letters, p922). How many patients know that they may make that request? We are sure dispensing GPs do not make a habit of telling them of that particular right! For all practical purposes it does not exist.

Council takes action to win back pharmacy land

Judgment is pending in a court case brought by Darlington Borough Council to win back land it leased to a company to build a pharmacy.

The Council agreed to lease the land in Denmark Street to Denmark Chemist Ltd in May 1987 and planning permission was granted for a pharmacy on condition that a doctor's surgery was also built on the site.

Although the pharmacy is up and running, no surgery has been built and the Council has brought a court action to gain possession of the land by forfeiture of the lease.

The problem arose when the then Durham Family Practitioner Committee decided there were enough GPs in the town and decided not to approve any further contracts.

According to a report in the *Northern Echo*, John Fryer-Spedding, for the company, accused the Council of having known this decision was pending, yet not passing on the information.

Under cross examination Syed Nazar Hussain, managing director of Denmark Chemist, said the FPC knew he was planning a surgery. He said if the patient-doctor ratio in the town reached a level where no new GPs would be approved, as it did, he expected the FPC to contact him.

Christopher Parker, for the Council, told the court that Mr Hussain learned that there would be no guaranteed permission for a GP to set up a practice as early as 1986 and suggested he had never

intended building a surgery on the site.

Mr Fryer-Spedding said that Mr Hussain had incurred substantial expense to get the project going. He had offered to build a surgery if there was any

chance of a doctor being able to occupy it and he was losing out financially by not having one.

Judge David Bryant reserved judgement on the case but is expected to announce his decision early this month.

DHSS to consult on script exemption claims

Pharmaceutical and medical professions are soon to be consulted about measures designed to counteract false claims for exemption from prescription charges, said Under-Secretary for Northern Ireland Jeremy Hanley in a written answer to a parliamentary question last week.

Losses to the health service from these false claims have been estimated at £2,323,736 for Northern Ireland in 1989-90.

Secretary of the Northern Ireland Pharmaceutical Contractors Committee Mr T. O'Rourke told *C&D* he had been asked by the Central Services Agency if the PCC would object to either a card displayed in the pharmacy, or a leaflet given out with the prescription, explaining the different categories of exemption.

The PCC would co-operate with the proposal to display a card and would make leaflets available,

but would not be willing to dispense a leaflet with each prescription because it would suggest that the pharmacist doubted the patient, said Mr O'Rourke. It was up to the statutory body to take action concerning frauds, he said.

Pharmaceutical Services Negotiating Committee secretary Steve Axon said he had not yet been approached regarding consultations, but his view was that responsibility for the claim lay with the patient, and there was "no way" the pharmacist should be involved in anything other than noting whether a signature was on the back of the prescription or not. "It is not up to the pharmacist to give the patient the third degree," he said.

Mr Axon stressed that pharmacists should only sign the back of a prescription in exceptional circumstances, as in doing so they take responsibility for the exemption.

'Imaginative' NHS reforms

Most health service managers are strongly committed to the Government's NHS changes, and see them as an "imaginative" approach to keeping pace with medical, scientific and technological developments, says the National Association of Health Authorities and Trusts.

"For the first time ever, managers see the prospect of developing a rational approach to priority setting, with services to patients being based on what the population of a district requires, rather than what a hospital thinks they need," said NAHAT chairman Bill Darling last week. "We have to press the Government to give the resources to enable us to operate and take advantage of the reforms."

Public concern with NHS developments could partly be attributed to the use of inappropriate business language such as markets, competition, and contracts, said Mr Darling. He added: "The term 'opting out', however mistakenly used, does give an impression of privatisation."

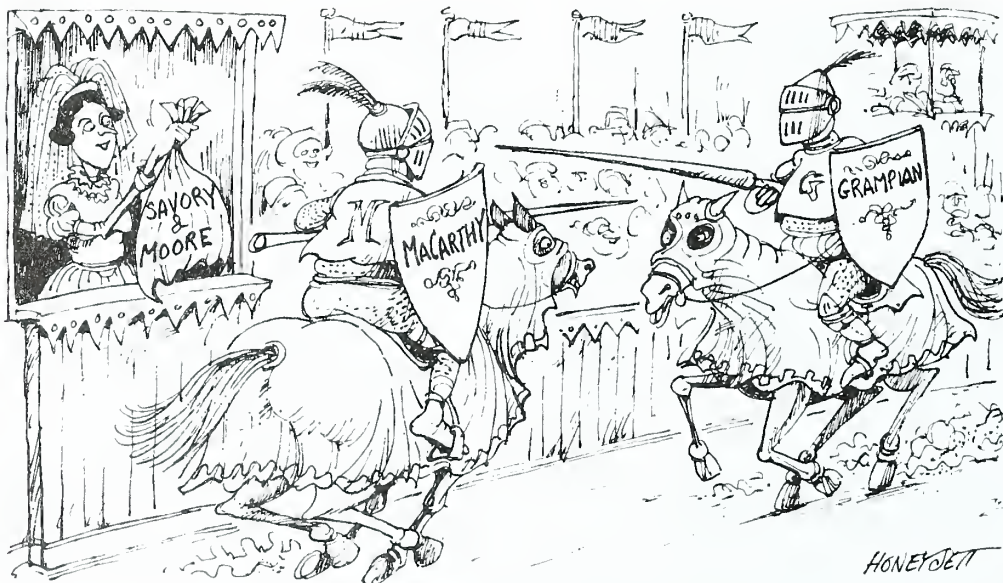
GSL records exemption

The Veterinary Medicines Directorate is intending to exempt GSL products from an EC requirement that all retailers of veterinary medicines keep specified records for three years.

The Directorate is also considering whether further exemptions would be appropriate and practicable. Under Article 50B, Directive 90/676, the record-keeping requirement must apply to medicines sold for use in food-producing animals and which are either POM or subject to a withdrawal period.

The Directive comes into effect on January 1, 1992, with an extension to January 1, 1996 for products already on the market. The VMD is circulating a letter explaining how the Directive is likely to be implemented in the UK and is seeking views from interested parties by mid-June.

The Directive also introduces a requirement for all licensed products to have a summary of their characteristics, and Article 5 specifies the information which must appear. The contents are similar to those of a data sheet and the VMD would like opinions on whether summaries could take over the functions of data sheets.



See p923 for news of Grampian's takeover bid for Macarthy

US: capsules under threat?

The American Food and Drug Administration is reported to be considering a ban on capsules for OTC medicines following recent poisoning incidents.

Another option under consideration, according to a report in *American Pharmacy* (May 1991), is to encourage manufacturers to use other dosage forms. The task force review follows the incident involving Wellcome's Sudafed in which two people died and one was seriously injured after taking capsules laced with cyanide.

Experts believe that capsules are easier to adulterate than tablets. Despite advances in tamper evident packaging, the FDA recognises that many consumers do not inspect their medicines before taking them. In the Sudafed case, the victims failed to notice that the seal had been slit and reglued and that the poisoned capsule no longer had a band joining its two halves.

Support for capsules has come from America's Nonprescription Drug Manufacturers Association who point out that they are easier to swallow, a proven means of delivering timed-release medication, less likely to be damaged in transit, and have fewer inactive ingredients.

The FDA task force is expected to make its recommendation within the next couple of months.

EC to debate Directives

The European Parliament is on course to debate Directives on the labelling and advertising of medicines on June 11.

If proposals made by the European Commission earlier this year (*C&D* April 13) are adopted, dramatic changes in the way medicines are advertised could be seen. These are strongly opposed by OTC medicine manufacturers.

The Consumers Association has reiterated its position on labelling and advertising issues. It says all advertisements should say what symptoms the product is designed to treat, at whom it is aimed, and what groups of people should not take it.

Any need for special warnings should be specified in the product licence. It is unnecessary for all adverts to carry warnings, the Association says, but they should all carry an instruction to read the package leaflet.

Co-op adds pharmacy to hypermarket

The North Eastern Co-op has opened a new pharmacy at its Benton hypermarket on North Tyneside after a year long wrangle with the local Family Health Services Authority.

An application for a contract was made by the Co-op in November 1989 but was turned down by the FPC which said that the store did not serve a community because of its isolated position, and that existing pharmaceutical services in the area were adequate.

The Co-op appealed, claiming that an in-store pharmacy would provide an additional consumer facility. The appeal was disallowed in February last year on the grounds that there were no reasonable grounds for appeal.

This action was, however, contested by the Co-op which served an injunction on the FPC resulting in an appeal hearing being allowed. Following the hearing the £4 million turnover

chemist chain was given the go-ahead to develop the new pharmacy.

The pharmacy will offer various diagnostic services, including blood cholesterol level measurement, blood pressure monitoring and pregnancy testing.

Care for kids

Assistance with child care is now available for NHS staff, following an agreement reached between management and union representatives of the General Whitley Council.

The agreement will enable health authorities to choose the type and variety of childcare schemes from facilities including work place nurseries, creches, holiday and after-school playschemes and childcare allowances.

The number of GP practices with six or more doctors has more than doubled in the last ten years, according to a recent bulletin from the Department of Health. The number of practices in England and Wales rose by 20 per cent between 1979 and 1989 to 29,556, with the average GP's list size dropping 14 per cent to 1962. This trend is likely to continue, says the DoH. During the period the number of practice nurses jumped by 850 per cent, and the number of women GPs increased from one in seven to nearly one in four. *Statistics for General Medical Practitioners in England and Wales: 1979-89*, £2 from DoH Publications Centre, Canons Park, Government Buildings, Huncyot Lane, Stanmore HA7 1AY.

The Government has earmarked £137.3 million for regional health authorities in 1991-92 to help prevent the spread of HIV infection and to provide treatment and counselling for those affected by HIV and AIDS. Amounts spent in previous years were: £129.5m (1990-91), £122.5m (1989-90), £61.7m (1988-89), and £25.1m (1987-88).

Appeal against Lowestoft in-store application

A decision by Suffolk Family Health Services Authority to grant an application for a pharmacy in a Tesco Superstore in North Lowestoft is to go to appeal.

Pharmacist Ferlin Cross, of Village Rise, Weston Road, is concerned that the in-store pharmacy, less than half a mile from his premises, could significantly affect the viability of his business, leading to closure.

Mr Cross believes local residents are served adequately

by the existing community-based arrangements. If he was forced to close, elderly patients and mothers of young children would have to cross the busy A12 to reach the superstore, he said.

Mr Cross told *C&D* that he failed to see how the FHSA had come to the decision to grant the application, considering the objections from other contractors, Yarmouth and Waveney Community Health Council and the local council.

Donna Derby, co-director of services at Suffolk FHSA, said the application was granted on the grounds that it was deemed necessary and desirable. The FHSA, in considering the case, felt that the extended opening hours and the location of the premises would offer increased patient choice.

Michael Rudin, pharmacy controller at Tesco, said he was not surprised that the case was going to appeal. "Often an appeal can be par for the course," he said.

Mr Rudin said that Tesco believed there was an inadequacy in pharmaceutical services in this particular area of Lowestoft, and that this was likely to get worse considering the number of new housing developments in the area.

He declined to comment on rumours that Tesco approached an existing contractor to relocate into the store, prior to the application. Such matters were in strict confidence, he said.

In addition, Mr Rudin described rumours that Tesco were offering substantially over the going rate for existing pharmacists to relinquish their contract as "wishful thinking".

Tesco is working to increase its number of in-store pharmacies.

ASA looks at mascara and sweeteners

A complaint made to the Advertising Standards Authority that Max Factor's 2000 Calorie mascara is not waterproof and smudge-proof has resulted in the ASA requesting the claims to be deleted from the advertisement leaflet. Although Max Factor submitted results of panel testing, they were conducted in-house over a short time period, and related only to the smudge-proof claim.

The ASA had also received

four complaints to an on-pack promotion on Canderel which claimed "Win five fashion weekends and clothes from famous designers". Having purchased the product, the complainants found from the inner packaging that it was necessary to telephone a premium rate telephone number. The ASA told the advertisers that costs involved in a promotion, above normal service charges, should be made clear before purchase.

Society should adopt a more positive attitude on PIs

The Royal Pharmaceutical Society should recognise the contribution of parallel imports to the income of its members and start adopting a more positive attitude.

John Barker, chief executive of Spectrum Marketing and chairman of the Association of Pharmaceutical Importers, said that with Unichem and Boots now using PIs, there is no significant player in the retail sector who does not.

"I estimate 90 per cent of all pharmacists make some use of PIs," he said. "If my contacts with pharmacists are anything to judge by, their Society ought to welcome any legal source of extra income with open arms. Had the Society adopted a more positive attitude it might actually have facilitated the development of the

import industry's probity. Obstruction of an idea whose time has come is rarely a sensible policy."

In a hard hitting presentation, Mr Barker said there were significant misunderstandings and misinformation within the industry about the role of PIs and importers. "The products our members import are the manufacturer's own product," Mr Barker said.

"The system requires a degree of verification for products originating from other Community countries, imported by someone other than the original manufacturer, greater than that imposed upon the original manufacturer themselves," Mr Barker said. "This seems to indicate an underlying assumption

that other Community countries' products are somehow 'suspect'."

Mr Barker said there were between 140 and 160 licensed products imported from other EC countries. The API estimates the PI market is worth between £120-140 million per year at import prices. With the "clawback" standing at 9.2 per cent, the API calculated annual savings to the NHS of around £20 million per annum.

Mr Barker had hard words for the Medicines Control Agency who, he said, were quoted in a recent Parliamentary answer as taking an average 18 months to grant a PL(PI) licence. "The European Commission's view is that the processing period should not exceed 45 days," said Mr



John Barker, API chairman

Barker. "These delays have serious economic implications." The cost of a PL(PI) is now £2,000, and an applicant may have 30-40 licences under consideration at any one time.

Mr Barker said that MCA delays had been the subject of discussions with the European Commission. Other matters raised included the way the national trade market law and licensing system interact to restrict the operation of a single market and "assist companies' attempts to block — in some cases perhaps deliberately — its operation".

Differences in brand names can constitute non-tariff barriers, Mr Barker said. The differences might occur through linguistics, because the trade name cannot be registered in another country, or because companies use different brand names in different Community countries.

But manufacturers also block the operation of the marketplace, Mr Barker said. He cited restriction of supplies to wholesalers, multiplication of batch numbers increasing the paperwork of importers, "problems" of raw material supply, switching of production sites — PL(PI) licences are specific to individual production locations — and the existence of minor non-therapeutic differences such as tablet shape or pack size.

"In short, whatever the reasons for the differences between products or changes in aspects of production, the result is repercussions throughout Europe," said Mr Barker. "It is expressed by an ECMA number change, which requires a variation in the PL(PI) and it is not unusual to find the ECMA number has changed again by the time the variation is granted. Meanwhile, we have a warehouse full of stock we can't move."

Looking forward, Mr Barker said there is likely to be a trend to price uniformity, but he didn't see any significant impact in this decade. "However, if you look at the price of new drugs, there is much more price uniformity. Come the end of the century the trade may die."

Fakes and PIs: no link

There is no evidence linking counterfeit and parallel imports, was the very clear message given to the conference by Tony Cartwright, superintending pharmacist at the Medicines Control Agency, responsible for proprietary medicine applications.

"Counterfeits are not linked to the original products in quite the same way, and we shouldn't ask the importers to do all sorts of additional things that are unnecessary or unreasonable because of some pretended link that doesn't exist," Mr Cartwright said.

PIs in use

Pharmacists stock an average of 13 parallel imported drugs, according to a new survey conducted by Taylor Nelson.

TN director Christine Brown said the results indicated that pharmacists "are very selective in the range of products they choose". Only two admitted using more than 70 PIs.

From 20 supplier lists offering 131 products for sale, 11 were available from every supplier, while overall the majority of drugs were available from over half the suppliers. Discounts ranged from less than 10 per cent on two products, to over 80 per cent, with the majority offered at between 11 and 20 per cent.

Counterfeiting — 'a growing menace'

Pharmaceutical counterfeiting exists, is a growing menace and risks to legitimate companies and their patients are real, says Vincent Carratu, chairman of the Carratu International Group, whose pharmaceutical subdivision deals with counterfeiting and patent infringement.

Mr Carratu said that 109 children died in Nigeria after being given industrial solvent in counterfeit paracetamol. In Mexico counterfeit burns treatment contained sawdust, coffee or dirt. In Burma, many died after taking fake malarial drugs, while in Europe millions of fake doses of a cardiac medicine, containing half the prescribed active ingredient, were dispensed.

Pirate drugs can be found anywhere in the world, he said, but the problem is most prevalent in the Third World, particularly Africa, South and Central America, any Asian countries and the Indian sub-continent.

Mr Carratu identified three forms of counterfeiting: with actives, without actives, and the repackaging of out-of-date products. In the first, counterfeiters have to obtain generic material, which is then formulated in a format identical to the genuine article, and can be repackaged as an exact copy. He said counterfeiters were loathe to spend money on packaging, and pharmacists should beware of

product offered in unusual packaging.

Recalling the counterfeit Zantac case, Mr Carratu said ranitidine is being illegally produced throughout the world. Glaxo suspect the material came from Turkey or Singapore. "It found its way to Greece, where a company pressed the tablets and packed them in good quality counterfeit packaging. They were then sold through a Swiss drug brokerage firm to a Dutch distributor. It is a typical counterfeit drugs trail," Mr Carratu said.

In trying to combat the counterfeiters, Mr Carratu said that with a positive company policy much could be done. "Every patent infringer should be pursued and, if possible, prosecuted. Without generic material, most counterfeiters would be out of business."

Only by making the problem the subject of serious debate would Governments, the media and the public appreciate what is involved. "The sale of a counterfeit polo shirt or watch is only a threat to the company, whereas as counterfeit drugs can, and have, resulted in death."

All reports on this page come from papers presented at the Nicholas Hall Conference "Generics and Parallel Imports — Substituting for Success?" at the Scandic Crown Hotel, London, May 22-23.

A sorry state of affairs

The resignation at the end of February of a pharmacy contract in co Fermanagh was a great disappointment. The contract had been awarded in 1990 and the business had been operating for less than a year before the owners decided to close.

The initial proposal to open a pharmacy had been turned down by the Pharmacy Practice Committee. The pharmacists went to the National Appeals Panel, and after offering to provide a very extensive pharmaceutical service were awarded a contract. As is usual the doctor was given two years notice to stop dispensing for patients within a two mile radius of the pharmacy. The two year lean period, however, proved too much and the contract was resigned due to lack of viability.

"The two year lean period proved too much and the contract was resigned due to lack of viability"

I feel disappointed that, on one hand, pharmacists say that there should be no dispensing doctors, yet given the opportunity to provide a service where a dispensing doctor was active there was a failure to provide support. I would not have been able to make this business profitable and I am not criticising the pharmacists involved. I feel that the Society, the PCC and the UCA have a collective responsibility to ensure that such ventures, if started, do not fail. The PCC, for example, supported this new contract application for the simple reason that it was pharmacy *vs* dispensing doctor. Perhaps they should consider the long term implications.

Northern Pharmacies Ltd exists to provide facilities in such situations, which might include awarding financial grants. This contract should not have been resigned so easily. After the owners had decided to close down, a pharmacist with help from Northern Pharmacies should have been given the opportunity to provide the service. Much damage has been done to the credibility of the profession by this venture. The Health Board involved will be reluctant to award any similar pharmaceutical contracts. It has been a giant step back for the profession.

Written by a Northern Ireland community pharmacist.

TOPICAL REFLECTIONS

by Xrayser

Bank the holidays

Last Monday the town was very busy with all the stores doing brisk business. A normal day down any High Street except that it was the Spring Bank Holiday Monday and, as usual, all the multiple stores were open for business. I have tried to compete but it is "heads they win, tails I lose". If I open, I see few scripts, little compensatory increase in counter trade, and have to work myself. If I close, the loss of trade to other, open outlets can never be recouped.

I think the time has come to scrap all bank holidays. They are an anachronism from Victorian times when the only holidays enjoyed by the workers were those statutorily ordained. There are six official bank holidays, not counting Christmas Day and Good Friday. If these were declared redundant, and the six days added to the minimum holiday entitlement of all workers, then businesses could organise their working practices as best suits their particular needs, and the staff could similarly arrange their increased holidays. I, meanwhile, could trade normally all year round and, using my usual locum, decide for myself when I wanted to take *my* holiday.

Genuine opportunity

Cupal are no longer marketing Vitathone tablets, and Gon tablets went years ago. There is no longer a licensed product for the prevention of chilblains, yet many patients mourn their passing, maintaining that they did work. Here, perhaps, is a genuine opportunity for the supplements industry. A formulation containing acetomenaphthone and nicotinic acid as a dietary supplement may not sound very exciting but, helped by the third party recommendations to the health food media, it should be an instant success.



Nappies — a full circle

The all-conquering disposable nappy has at last met its Waterloo! Launched after success in America, a new environment-friendly product could take the market by storm and, with only a washing machine, provide up to 75 changes before having to be thrown away.

It is ironic that today's invention is tomorrow's environmental disaster, so the clock turns full circle. I know they have snug-fit elasticated legs, Velcro tab fastenings and a 'breathable', waterproofed layer, but the old three-piece reusable was not dissimilar. The new version is called Comfi-bears (last week p866) marketed with a £250,000 budget. The old weren't advertised at all and were called Terrys!

Make the JIC rates meaningful!

At last the JIC scales for 1991 have been published. As usual the rates of pay for pharmacists bear no relation to the salaries actually being paid. The intention of joint industrial councils is to prevent management exploitation of employees, but an artificially low base line could be counterproductive.

Community pharmacy presently has few employment problems, but in a closed profession with a contracting employment base, a surplus of manpower could quickly develop and the low JIC rates could be used as a justification for reduced salaries. Present salaries are already too low relative to other professions, and a further reduction would be disastrous. If the JIC scales cannot be raised to a level necessary to provide the protection for employees originally intended, it would be better if they were abolished altogether.

SCRIPT SPECIALS



Ames lancet

A new lancet, designed to make capillary blood sampling gentler and easier, has been launched by Ames.

The lancet has an ultra smooth tip and is smaller in diameter than any other lancets available, say Ames. It penetrates the skin easily and so is "virtually painless", but still provides a sufficient blood sample.

The small lancet diameter effectively reduces tissue damage, decreasing the problems of nerve injury, chronic finger soreness and callous build up at the finger tips. It is suitable for people with delicate or tough skin, say Ames.

The Ames lancet will be available on prescription from June 1 and comes in dispenser packs of 200 (£5.78 trade). It can be used independently or with the Ames Glucolet and Autolet finger pricking devices. *Ames Division, Bayer Diagnostics (UK) Ltd.* Tel: 0753 645151.

BRIEFS

Coloplast's Comfeel wound management range (15 by 15cm £17.90, 20 by 20cm £26.85, both prices trade) are now available on the Drug Tariff. *Coloplast Ltd.* Tel: 0733 239898.

Schwarz Pharma say that from June 1 Menzol (eight day and 20 day packs) will be available in full Schwarz Pharma livery with a new product licence number (4438/0025). Price, pack size, ordering and distribution are unchanged. *Schwarz Pharma Ltd.* Tel: 0494 772071.

Boehringer Ingelheim are introducing Berotec 100 (fenoterol 100mcg/puff) on June 3. This will be available in a 10ml (200 dose) unit (£2.36 trade). The existing preparation of Berotec remains available, renamed Berotec 200. *Boehringer Ingelheim Ltd.* Tel: 0344 424600.

Norton are adding the following products to their range from June 1: dothiepin tablets 75mg, film-coated, pink tablets in packs of 28 (£3.80) and 500 (£64.70); dothiepin capsules 25mg, orange/caramel capsules in packs of 100 (£5) and 600 (£28.50, all prices trade). *H.N. Norton & Co Ltd.* Tel: 081-807 9999.

Kerfoot's loperamide capsules 2mg are now coded "LE2 G". *Kerfoot Pharmaceuticals.* Tel: 061-330 4531.

Janssen are changing the packaging of all their injectable products. The ampoules will no longer be

presented in sealed trays of five, but individually blister-packed in strips of five. Advantages include: tamper evident boxes; uni-dose ampoule blisters which reduce breakage and roll-away problems; clearly legible labels; and syringe labels for instructions or comments. *Janssen Pharmaceutical.* Tel: 0235 772966.

Napp are adding 300ml packs to their range of co-danthramer (Codalax) and strong co-danthramer (Codalax forte) suspensions. The respective prices are £7.77 and £11.67, both prices trade. *Napp Laboratories Ltd.* Tel: 071-965 3637.

Merck Sharp & Dohme are adding to their Primaxin range with a single 15ml vial for intramuscular use. Primaxin IM 500mg contains 500mg of the broad-spectrum beta-lactam antibiotic imipenem and 500mg of cilastatin sodium. Intramuscular use has a 75 per cent bioavailability of the existing intravenous infusion formulations. *Merck Sharp & Dohme Ltd.* Tel: 0992 467272.

ICI Pharmaceuticals are introducing Zestoretic with effect from June 3. The product is a combination of 20mg Zestril and 12.5mg hydrochlorothiazide in a once daily tablet. Zestoretic is available in a 28-day calendar pack (£17.36) or a square plastic container of 60 (£37.20, both prices trade). *ICI Pharmaceuticals (UK).* Tel: 0625 582828.

MEDICAL MATTERS

Verify UVA claims

There is an urgent need for independent verification of company claims about the UVA protection their sun screen products provide, says an editorial in *The Lancet* this week. This is so that doctors and patients are satisfied of the UVB and UVA protection provided by a prescribable product.

Although many companies now include compounds that protect against UVA in their products, the medical profession has yet to devise an entirely satisfactory test for assessing such protection, the editorial says.

It suggests using human epidermis obtained by raising suction blisters from surgical biopsy specimens or even from cadaveric skin and comparing transmission of UV light with and without a sun screen. If patients or customers were confused by the use of two numbers on a product, they could be told that SPF/B stands for burning and SPF/A for ageing.

While UVA protection is an important issue, it is overshadowed by the implications for human health of ozone depletion, the article continues. Sun screens are not necessarily the best method of protection against the deleterious effects of UV light — wearing a shirt or hat is equally effective and in the case of cataract formation more effective than topical preparations.

● UV transmission values for sunglasses measured by manufacturers have only limited suitability for evaluating UVA protection; spectral UV transmissions, which give values for UVA and UVB, are more informative and should be more widely available.

So say Austrian researchers, writing in *The Lancet* this week. They tested 30 different makes and prices of sunglasses and found that high priced sunglasses are not more effective than cheap sunglasses at filtering UVB radiation. They also found that transmissions of UVA radiation varied greatly, yet there was no

link with price.

Alpine skiers should be advised to use additional protection for their eyes because of an increase in solar UVB radiation caused by depletion of the ozone layer, the researchers continue. UVB contributes to snowblindness, and is more important in cataract generation than UVA.

Malaria worsening

Malaria is worsening, or barely being held in check in many parts of the world, according to the World Health Organisation. Two fifths of the world's population is still exposed to the infection: 100 million clinical cases occur each year in Africa. Outside Africa, 95 per cent of the 5.2 million annual cases come from 25 countries, with India and Brazil, being the worst areas.

Plasmodium falciparum has continued to evolve resistance to drugs, say the WHO. Chloroquine resistance is now reported from almost all countries where the parasite exists. Resistance to sulphadoxine/pyramethamine has developed in South East Asia, South America and parts of Africa.

Centoxin (HA-1A), a biopharmaceutical containing a human monoclonal antibody for the treatment of Gram-negative sepsis and septic shock, has been granted a product licence. Centoxin acts to neutralise the effects of toxin released by bacteria that have entered the bloodstream. In studies with Centoxin, mortality reduced by 39 per cent in Gram-negative bacteraemia and by 42 per cent in patients who had progressed to shock. Each patient treatment will cost £2,200.

Doctors' poor handwriting may cause confusion between the drugs Losec and Lasix because of similarities in their spelling, says a letter in *The Lancet*.

COUNTERPOINTS

Hawaiian Tropic makes TV debut

Warner-Lambert's Hawaiian Tropic makes its television debut this Summer with a £2 million campaign complementing the existing Press advertisements.

The campaign breaks on June 3 and will run in Central and Anglia TV regions for one month. The company says the adverts should reach 80 per cent of the target market of 16-34 year olds.

The commercial features Hawaiian dancers with different skin types. *Warner-Lambert Health Care. Tel: 0703 620500.*

Get snap happy!

Ciba Pharmaceuticals are offering a free disposable camera to consumers spending over £15 on Piz Buin products this Summer.

The 35mm Piz Buin branded camera has 24 colour exposures, a built in flash, and directions for use on the packaging. All consumers need to do to claim one is send in their Piz Buin till receipts before September.

In-store support includes leaflets, window displays, counter units and floor stands. *Ciba Consumer Pharmaceuticals. Tel: 0403 50101.*



Unichem challenge shortliners on top 300

Unichem are taking on shortline wholesalers with an aggressive pricing policy on their top 300 OTC branded lines.

From June 1, the top 300 brands will be offered to all Unichem customers permanently net priced, but with other items of service unchanged: in other words, no minimum order, normal credit terms, twice daily delivery and a full line service. The list will be updated monthly.

Unichem have been looking at pharmacists' OTC purchasing patterns for some time, says deputy marketing director Tony Foreman. It has been apparent that shortline wholesalers have made significant inroads into the market, with cheap, net priced goods being delivered once a week.

The top 300 scheme is Unichem's response. These brands account for 35 per cent of the company's OTC business. Details will be delivered to customers at the weekend and mailed to all the other independent

pharmacies next week. "Why buy once a week? Buy as you need, save cash and keep stock to a minimum," says Mr Foreman.

Because they will be net priced the top 300 brands will no longer be included in the discount scheme. However, Mr Foreman claims the brands will be offered at net prices equivalent to the lowest discounts ever given.

Monthly special offers will be priced even lower when the brand is one of the top 300, but otherwise the monthly offers will continue as before.

Unichem are also splitting their OTC and medical directory into two separate publications. The OTC directory, which will be free, will contain own brands and sundries and be broken down by product sector, while the medical directory (costing £3 a month) will list ethicals, generics and parallel imports.

Both directories will be mailed monthly with the special offers book. *Unichem plc. Tel: 081-391 2323.*

Carter Wallace designer APD goes national

Arrid Essence goes on sale nationally this month, following a successful test launch in the TVS region last Autumn.

An addition to the Arrid anti-perspirant, Arrid Essence (150ml, £1.79) is said to "combine designer fragrances with the dryness and protection of the parent brand". It is labelled an anti-perspirant deodorant, and directed for underarm use only, differentiating it from the body spray sector.

It comes in three variants, Classic (floral), Oriental (spicy) and Exotic (rich and aromatic), each of which contains essential oils which match popular fragrances.

Product manager Janette



Scott said Carter Wallace decided to create Arrid Essence when they perceived a gap in the APD

and bodyspray markets. Ms Scott does not believe there is a direct competitor for the product, since body sprays are only deodorants and not anti-perspirants, which Arrid Essence claims to be.

Arrid Essence can be used either to replace or complement your perfume, says Ms Scott. She adds that research has shown that consumers often complain their APD conflicts with their fragrance.

Carter Wallace are positioning the brand in the premium sector and targeting it at 20-45 year old women. And to avoid confusion the "sophisticated packaging", claims Ms Scott, will differentiate Arrid Essence from the existing Arrid range.

Carter Wallace are spending £1.25 million on support for the brand, in the form of television advertising. A consumer sampling campaign is also planned.

In-store support will include shelf-edgers and talkers and tester cans for each variant. Price promotions, in-store demonstrations and money off vouchers are also planned. *Carter Wallace. Tel: 0303 850661.*

Sun facts from Nivea

Smith & Nephew have produced a consumer guide to safe sunbanning.

Nivea Sun Factfile contains information on: why we need the sun; an explanation of UVA and UVB rays; sun protection do's and don't's; sun care for children; an explanation of SPF's; and how to choose the right sunpreps.

The Sun Factfile will be offered via the consumer Press during the Summer. Free copies are available by sending an SAE to Nivea Sun Factfile, PHS, Unit 3, St Peters Rd, Maidenhead, Berks SL6 7QU. *Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.*

Healthlife are offering a free tube of evening primrose oil cream (45g) worth £2.99 with 1,000mg evening primrose oil capsules (90s). The two products will be packed together. *Healthlife Ltd. Tel: 0274 595021.*



Rimmel cut new ground with Silks

Rimmel are launching a range of cosmetics aimed at a more mature age group, marketing it as an "affordable luxury", and repackaging their existing range to complement it.

Rimmel Silks has been formulated with the 25-35 year old group in mind. The new range covers the cosmetics spectrum and all products have extra benefits, including sunscreen, silk protein, nylon and vitamin E.

The new range, which has not been tested on animals, comprises: cream foundation (£2.59, four shades); powder cream foundation (£4.59, four shades) a one-step make-up with a matte finish; creamy powder finish (£3.59, four shades); cream concealer (£2.05, two shades); silk-enriched superfine loose powder (£3.59, which comes in translucent only); powder blush (£2.89, three shades); crease resistant eye shadow in singles (£1.85, eight shades) or trios (£3.09, six combinations); eyeliner in either a precision lining pen (£2.55) or lining pencil (£1.49), both come in black or brown; Lash Build mascara

(£2.35) containing protein and panthenol in four shades; lipstick (£2.35, ten shades) to give a creamy finish, which contain moisturiser, sunscreen and nylon; nail polish (£2.05, ten shades) containing silk protein and nylon.

The packaging is navy with gold graphics in a design based on a parallelogram. Rimmel Silks will be displayed alongside the existing range, on the unit opposite the promotional area to differentiate between the two ranges.

Press advertising worth £2.5 million will support the range. In-store support will include window displays, header panels, consumer leaflets, showcards, posters and special offers.

The existing Rimmel range will be updated to complement the new range and appeal to younger consumers. The familiar burgundy will be retained but the shape will imitate the parallelogram design.

The new packaging will first appear on the face sector and will gradually include the entire range. A £1m campaign will support the relaunch, say *Rimmel International*. Tel: 071-637 1621.

New look for Silvikrin hairspray

Silvikrin non-aerosol hairspray has been repackaged to fit in with the rest of the new Active Care range.

The size has been increased from 125ml to 150ml and the bottle has been made taller and slimmer.

Silvikrin Active Care non-aerosol hairspray is available in natural or firm hold. *Smithkline Beecham Personal Care*. Tel: 081-560 5151.

Fit for Life offer

Unipath are offering the second in their series of Well Woman cassettes free with each double test pack of Clearblue One Step.

The cassette, Fit for Life, features Anna Raeburn talking with a number of experts in the field of obstetrics and gynaecology on conception, nutrition, smoking, alcohol, sexually transmitted diseases and stress.

The offer will be supported by a PR campaign in consumer magazines. *Unipath Customer Services Dept*. Tel: 0234 347161.

More Signature choice from Estee Lauder

Estee Lauder are introducing four more variants to their Signature eyeshadow range.

The eyeshadow will now be available in cream formula, the highest frost level; velvet, a medium frost finish; demi-matte, low pearl, creamy to the touch; and matte, no pearl, just smooth colour. Singles (£10.20) come in 12 shades and duos (£14.30) in nine combinations.

Estee Lauder have also added new lipstick, nail polish and blusher shades. Two shades each of red and pink are added to

Perfect lipstick and nail lacquer. Three shades of red are added to Polished Performance lipstick. Vermilion, burgundy and fuschia are added to Re-Nutriv All Day lipstick, frosted pink and caramel to the Automatic Lipshine and tangerine to the Signature powder blush.

Estee Lauder are also re-organising their counter displays in a way that will make it easier for customers to experiment with different colour combinations, say *Estee Lauder Cosmetics Ltd*. Tel: 071-493 9271.

Botanical bodycare from Kew

From the famous royal botanic gardens comes a fragrance and range of toiletries, Kew, derived from natural extracts.

Kew fragrance contains floral extracts of muguet, lavender, jasmin and bergamot. The spicy tones are provided by clove, thyme, rosemary, mint and sandalwood.

Presented in a glass flacon the parfum (15ml) retails at £16.25. Eau de Kew spray (60ml, £11.25) is in a frosted flacon with natural pump action. Kew perfumed body spray (100ml, £6.75) works as a

deodorant. It comes in a natural pump spray.

The toiletry range, all scented with the Kew fragrance, comprises perfumed body lotion (100ml, £7.15); hand lotion (100ml, £7.15); body powder (100g, £6.95); foaming bath gel (100ml, £7.15); bath essence (100ml, £9.50); after bath oil (100ml, £9.50); beauty soap (£2.50 or three for £6.75); cleansing milk (100ml £6.95); clarifying lotion (100ml, £6.95) and moisturiser (60ml, £4.15). *Florini Ltd*. Tel: 0903 882777.



Sun E45 campaign breaks through

Crookes Healthcare are launching the first consumer advertising campaign for Sun E45.

The campaign will comprise double page advertisements in women's and parental Press and also weekend supplements.

Under the banner "Announcing a breakthrough"

the advert highlights the way Sun E45 blocks the sun's rays, protecting sensitive skin.

The £750,000 spend also includes a PR campaign and educational material for healthcare professionals and consumers. *Crookes Healthcare Ltd*. Tel: 0602 507431.



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Meet Your Suppliers

Beauty International '91 now has a suppliers section where you can meet packers, printers, processors and contract manufacturers. Companies exhibiting specifically supply the beauty industry.

You will also be able to see the latest finished products – everything from gift toiletries to skin care. Plus, there's **Professional Beauty '91** the exhibition that lets you keep an eye on the growing beauty therapy business.

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Aquafresh and Macleans on the road

Aquafresh toothpaste and the Macleans oral care range are participating in the British Dental Health Foundation roadshow.

The roadshow will visit 24 locations, aiming to ease fear and apprehension about visiting the dentist. Dentists and hygienists will be on hand to give advice.

The Aquafresh logo will be prominently displayed on the back of the bus and samples and information leaflets will be available from the display area inside.

Currently, Aquafresh is benefiting from a £3 million advertising spend, while both Macleans Mouthguard and toothpaste are back on the television, say *Smithkline Beecham Personal Care UK*. Tel: 081-560 5151.

Chance to join Unichem cruise

Unichem are offering six pharmacists the chance to win a place on their Caribbean convention cruise. To enter, pharmacists have to fill in the Treasure Island competition form in the booklet before June 29.

Special offers throughout the month are available on products including Seven Seas Super evening primrose oil, Belle Color, Studio Line, Right Guard, and Johnsons after-sun. *Unichem*. Tel: 081-391 2323.

Olympic challenge

Barcelona-based Daen Laboratories have joined forces with UK distributors Richards & Appleby to offer a trip to the Barcelona Olympics. The prize will be for two people and will include a week's holiday and seats in the stadium.

Entry form coupons containing three questions will be available at point of sale. The entry form must be accompanied by a proof of purchase pack from the Daen range. The closing date is February 29, 1992. Runners up will receive a range of Delsey luggage. *Richards & Appleby*. Tel: 0695 20111.

Kent Pharmaceuticals' Early Bird pregnancy test kit is on special offer with Unichem throughout June. *Kent Pharmaceuticals Ltd*. Tel: 0233 638614.

Tampax June promotion

Tambrands are running a price marked promotion on their Tampax tampons for the independent sector.

The promotion will apply to packs of 10s only and will run for a limited period from June, as long as packs are available.

Specially printed packs are

priced as follows: mini 79p, regular 89p, super 94p and super plus 99p.

Independents are an important distribution base for Tampax, particularly during the Summer season when sales of 10s are at their strongest, say *Tambrands Ltd*. Tel: 0705 474141.

AAH: Warner-Lambert range offers

AAH Pharmaceuticals and Warner-Lambert Healthcare have joined forces to offer retailers discounts and gifts.

The promotion features discounts on Listerine and Listermint mouthwash and the new spray.

In addition, retailers ordering five outers can claim either a T-shirt or a hand towel, eight outers qualifies for a bath towel, and 12 for a bathrobe. Anyone ordering 25 outers can claim all four items. The offer closes on June 30 this year. *AAH Pharmaceuticals Ltd*. Tel: 0928 717070.

Sun Pride gets low cal fruit drink

To meet demand from an increasingly health-conscious public, Gerber have launched Lite & Healthy, a low calorie, vitamin-enriched fruit juice drink.

An extension of the Sun Pride range, Lite & Healthy comes in three flavours — citrus, orange and mandarin, apple and raspberry — in 1 litre long-life cartons (£0.62).

The drink is produced using Nutrasweet and contains about 21Kcal per 100ml serving. It is enriched with vitamins B, C and D, say *Gerber Foods International Ltd*. Tel: 081-446 1424.

Chuck the Bee on TV

Merrell Dow have launched their television campaign for Seldane, starting in the London region and gradually spreading over the country as, and when, the pollen count increases.

The campaign, which will last about six weeks, features Chuck the Bee in 10 and 30 second animated commercials.

The advertising is backed by radio support and a poster campaign on the London Underground, say *Merrell Dow*. Tel: 081-848 3456.

ON TV NEXT WEEK

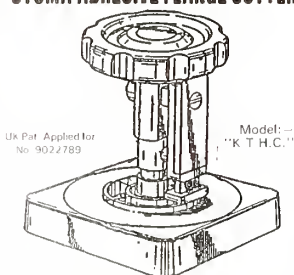
GTV Grampian
B Border
BSB British Sky
Broadcasting
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television

TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Anadin Extra:	All areas except Y, HTV, CTV, TVS, LWT & TTV
Impulse bodyspray:	All areas except TVS & TV-am
Kyomi:	All areas except TV-am & Sky
Libra Bodyform:	All areas except CTV, LWT, TTV & C4
Milupa infant foods:	TV-am
Listerine coolmint:	All areas
Seldane:	TTV, C & G
Slim-Fast:	All areas except G, Y, A, CTV & TT
Ultra Togs Nappies:	All areas CTV & TTV
Wella Colour Confidence:	STV, B, G, Y, A, HTV, TSW, TT & C4
Wrigley's Extra/Orbit sugar-free chewing gum:	G

THE 'JAYKAY'™ STOMA ADHESIVE FLANGE CUTTER



An easy and effective way to cut circular holes in "TWO PIECE SYSTEM" Stoma adhesive flanges or the cutting of holes in "Skin Protectors or Wafers"

The cutter may be adjusted by Stoma Care Nurse, or user, to cut the exact size hole required to suit the stoma.

Regular sharpening of the cutter is not required.

The cutter does not require constant cleaning from flange plastic adhesive material, as the cutter has no moving part in contact with flange apart from the Knife Blade, which is automatically cleaned when withdrawing it through the protective flange backing after cutting the required hole.

A useful self-standing or hanging mirror will be supplied with each cutter (size 162mm x 118mm) for a limited period only.

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Now available with fewer syllables.

At Windsor Pharmaceuticals we're constantly changing and improving our products to make them more effective and easier to use.

Now we've decided to do the same with our rather long, albeit highly respected, name.

From now on Windsor Pharmaceuticals is to be officially known as Windsor Healthcare. It's

certainly easier to say and we think it also sums up what we do a lot better.

Our brands, you'll be glad to know, will keep their existing names.

It's just that from now on our company name expresses our two most important watchwords.

'Health' and 'Care.'

Naturally, we'll continue to support these already fast growing brands with regular and suitably high profile advertising, PR and promotions.

So don't be concerned, the name may be different but the quality of products remains exactly the same. For more information, contact Windsor

Healthcare on 0344 484 448.



ALASKA. THE NEXT GOLD RUSH?



Alaska is the brand new fragrance from Lynx, the UK's largest men's toiletry brand. We're about to launch our latest fragrance with a major television campaign, so everyone will be heading for Alaska. If you don't stock it, you'll miss out on the next great Alaskan Gold Rush.

Vantage vitamins

AAH Pharmaceuticals have launched a range of vitamins and supplements under their Vantage symbol brand name.

The range comprises seven one-a-day products, including multivitamin tablets, vitamin C tablets, garlic capsules and halibut oil capsules which all supply 100 per cent of the recommended daily amount, and also two-a-day evening primrose oil capsules.

Chewable, "fruity" flavoured children's vitamin A, C and D are also included in the range. All of the containers feature tamper-evident, "childproof" tops.

A special introductory offer on purchases of the Vantage vitamins and supplements runs until June 28. To qualify for the 15 per cent discount, which gives a POR of 42 per cent, members have to order eight or more outers of six of any combination of the products. In addition, members can claim a 12.5 per cent discount on orders of any five outer packs of the new lines. *AAH Pharmaceuticals Ltd.* Tel: 0928 717070.



Faster paper

Kodak have launched a faster photographic paper for use in minilabs and photo-processing houses. Ektacolor Edge is a development of the company's Ektacolor 2001 paper, and its increased paper speed will allow processors to reduce exposure time or increase printing lenses with smaller aperture diaphragms.

It is also said to have improved consistency under a wider range of storage conditions.

The paper also has the characteristic of enhancing the whiteness of the white areas.

The company is also aiming to build greater paper brand awareness by much larger and more distinctive back printing. *Kodak Ltd.* Tel: 0442 61122.



New 4Health

Goldcrest Pharmaceuticals are launching a range of food supplements called 4Health. It includes a combination of cod liver oil and multivitamins, says the company.

The range comprises cod liver oil capsules (30 £1.99, 60 £2.95, 120 £4.89) and cod liver oil and multivitamin capsules (30 £2.59, 60 £3.85), the latter also available as a syrup for children (150ml £2.55, 300ml £4.15).

The one-a-day capsules are yeast, gluten, sugar and starch-free and contain no artificial colourings, preservatives, additives or flavourings; they are

suitable for adults and children over six years old. The dose of the syrup is 20ml a day.

The pack design is echoed in the point of sale material and counter display unit. The different products in the range are colour-coded.

In addition to in-store support, the launch of the 4Health range is being backed by a programme of advertising during the year, profit schemes and staff training. Further "unique" and refreshing" new dietary supplements will follow, say *Goldcrest Pharmaceuticals (Europe) Ltd.* Tel: 081-684 3664.

Tudor's Summer special products and promotions

Tudor Photographic have added a new film to their range and are running promotions offering free film and the chance to win a holiday. The company has also launched a film management system and a multi-roll label dispenser for minilab users.

The new black and white Ilford film, XP2, is said to be compatible with the C41 colour negative process, allowing it to be processed on existing minilab equipment. Tudor describe it as having a high level of sharpness and a smooth grain emulsion, to provide good enlargement levels with minimum loss of detail.

The launch follows hard on the heels of the introduction of the company's 200 ASA colour film. This will feature in Tudor's Spring promotion, which offers both discount for bulk purchase and free film.

To qualify for the free film, retailers only need to order either 100 or 250 rolls of any colour print

film. They will then qualify for 10 or 40 free films respectively. If the order is for 250 films or more the retailer can enter a prize draw with the main prize of a £2,500 holiday. The promotion runs until June 28.

Tudor's new Star Base Two film management system comprises a castor mounted five leg stand supporting adjustable rails, clips and a clips storage tray. It has been designed to make handling film in the minilab area quicker and simpler.

The multi-roll label dispenser will hold six rolls of instruction labels or three rolls of "trouble shooter" labels, or a combination of both.

The film management system and the label dispenser are part of Tudor's policy to provide one-step buying for all minilab requirements of film, paper, chemistry and accessories. *Tudor Photographic Group.* Tel: 081-450 8066.

Migraleve Duo in 48s

Charwell Pharmaceuticals are extending their Migraleve range with the introduction of Migraleve 48 Duo packs.

The new packs contain 32 pink and 16 yellow tablets (£4.68 trade). Charwell are recommending that doctors prescribe this pack to new migraine sufferers.

Subsequently, taking patient experience into account, either pink or yellow Migraleve in packs of 48 can be prescribed to avoid double prescription charges.

A new advertising campaign for the brand is running throughout the year, say *Charwell Pharmaceuticals Ltd.* Tel: 0420 84801.

BRIEFS

Rhône-Poulenc Rorer are backing their Maalox range with advertorials in women's magazines and regional Press. This commences with features in *Woman's Realm* and the *Sunday Post*, and follows the company's on-going sales drive to independent pharmacists. The campaign will run for four months, say *Rhône-Poulenc Rorer Ltd.* Tel: 081-592 3060.

Windsor Healthcare are helping to raise money to aid oil-polluted birds in the Gulf. The company has offered a dawn trip in the Uvistat hot air balloon as one of the raffle prizes at the "Dance for Flight" ball at the Longleat House on June 8. All proceeds from the event will go to the RSPB Gulf appeal. *Windsor Healthcare Ltd.* Tel: 0344 484448.

Vitapointe have introduced a new fact sheet to their range on dry hair, advising on caring for Afro hair. It contains information on types of Afro hair, moisturising, treating, styling and colouring. It is available from Vitapointe Dry Hair Advisory Service, 225 Bath Road, Slough, SL1 4AU. *Nicholas Labs.* Tel: 0753 23971.

Cussons are taking over distribution of Nilodor from Loxley Medical. The stoma deodorant will be available in a 7.5ml bottle and its formulation will remain unchanged. Pharmacists will be able to obtain supplies as before. *Cussons Ltd.* Tel: 071-402 3355.

Anglo European Health are the UK distributors of the Crystal Medical Clinimeter, the first disposable device cleared by the US Food and Drug Administration to measure cholesterol as accurately as a laboratory instrument. *Anglo European Health.* Tel: 061-766 2313.

The perils of neglect put closure among the options

Some businesses have been let go so far that recovery may be beyond reach, says consultant John Kerry. Although this shop looks to have few problems it probably turns over less than a fruit and veg stall in the market

Looking at Mrs A's shop, you wouldn't suspect that it had problems. It is a neat, double-fronted retail pharmacy in a very select town. Although not in the main street with all the National multiples, it is in the second busiest street with a good flow of passing customer traffic.

Inside, the shop reflects the life-style of the successful principal inhabitants of the town. There are well stock shelves, up-market toiletries, expensive agency skincare ranges and fragrances, gondolas laden with hand-made soaps, gift lines and designer label coffrets: Plenty of high line value, high profit margin merchandise and not a special offer in sight.

At the rear of the shop there is a compact open plan dispensary within a good sized counter medicines department.

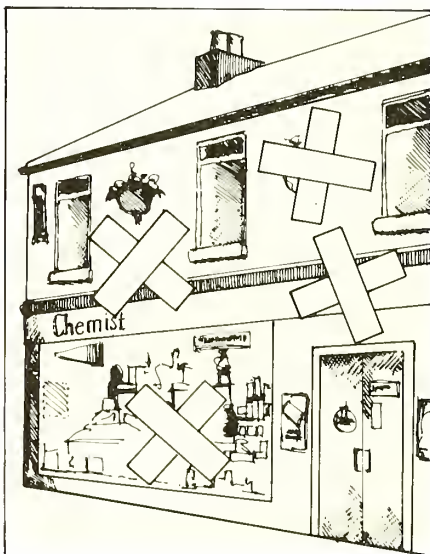
On the down side the fittings are pretty old fashioned, the layout somewhat confusing and the shape awkward. A typical small shop that has expanded backwards on two or three occasions, not a long straight wall to be seen.

Nevertheless, none of these shortcomings account for the very serious state of the business. Mrs A has not taken a penny out of this business for two years. In fact she has had to support it with money from her other business enterprises. Gross turnover has hovered around £150,000 pa during this period. The business is split 50-50 between NHS turnover and OTC.

The first clear indication that all is not well is the dispensary calculation. £75,000 worth of NHS turnover provides £15,500 worth of gross profit using a generous 22 per cent gross margin, but remove the usual pharmacy overheads, rates, telephone, postage and fees and Mrs A is left with little to reward herself for six days a week work. But Mrs A, although the superintendent pharmacist, doesn't do the dispensing; she pays £16,000 a year to locums, while she looks after her other business. Enough said.

On the face of it, the dispensary is bleeding the business dry and a simple solution would be to close it down. What affect would this have on the counter trade? It's hard to tell, because there are no departmental breakdowns of sales. The cash trade of this business is itself fragile: counter medicines are an important part of the turnover and most of these would be lost without the dispensary pulling in patients.

By removing the dispensary and associated medicines and dressings sales, the



shop would be left with perhaps a £50,000 turnover; a modest fruit and veg stall in the market does better. Before deciding what may or may not be done, it is worthwhile looking at the recent history of the business.

A problem child

Fifteen years ago the pharmacy was part of a large multiple chain and Mrs A was the manager. The business was a "problem child" then and it was the parents' fault. With typical short-sightedness, they had created a clone of their others, a cut-price shelf-selection shop, low on service, big on bargains. The discerning population of this town shunned it. Mrs A purchased it for a song and transformed it into a thriving, highly profitable business.

But ten years ago things started to go wrong. The relocation of the town's GPs into health centres was geographically detrimental to the business, an opposing independent in a superior position took a big chunk of the scripts from the nearest four-doctor surgery.

The town centre developed rapidly and shopping polarised. In a town where even the dogs are taken for a walk by Porsche, the convenient covered parking erected in the centre tipped the scales against Mrs A who has double yellow lines outside her front door.

When a giant superstore opened up an in-

Pharmacy type:	Independent, sole trader
Size and situation:	Secondary shopping street 750 sq ft (540 sq ft front shop)
Type of business:	Small town centre, 100 years old
Products:	Up market skin care and fragrances, gifts etc.
Competition:	One independent One superstore with in-store pharmacy One multiple

store pharmacy seven years ago it was a further blow, from which the business has never recovered.

So while the small dispensing business (30-35 items a day) is losing money, and the counter takings which are at best £300 a day make no profit, Mrs A ponders on the future. If she didn't have a pharmacist son, looking to earn a living from the shop one day, she would be better off disposing of it. The NHS licence is valued at £20,000 — the goodwill has no value of course — but the premises which she owns could bring in at least £10,000 a year in rent.

The business would do marginally better with money spent on it; £20,000 would buy a modest new fascia and refit, and the shop layout could be markedly improved.

New bodywork, an expensive respray and new seat covers won't help an old banger go faster and it has to be concluded that this business has been driven wrecklessly. It needs a minimum of £100,000 per year extra turnover now, and there is nothing which can be done to guarantee this in the short term.

However, over a longer time scale there are one or two options which should, in the long term, build the business to an acceptable turnover providing a profit, which the eventual proprietor could live on.

Nothing can be done about the double yellow lines, competitors, position of surgeries or lack of parking. This shop needs more customers through the door.

Recommendations

☐ Corporate style.

Change the main corporate trading style of the shop. Clearly up-market skin care, gifts and perfumes, although nice to sell, aren't providing profit. What should the shop major

Financial Year Feb-Jan

1990 1991
(provisional)

Net sales £148,000 £146,000
NHS £ 73,000 £ 73,000
Counter £ 75,000 £ 73,000

Year on year increase (decrease) — (3%)

Purchases £102,000 £ —
Stock decrease £ 7,000 £ —
Gross profit £ 39,000 £ —
(26.4%)

Wages £ 8,200
Locums £16,000
Rent and rates £ 3,000
Light and heat £ 600

Repairs and renewals £ 150

Printing, stationery etc. £ 150
Insurance £ 430

Telephone and post £ 500

Motor expenses £ 1,200
Accountancy £ 800

Bank charges and interest £ 5,600

Subscriptions £ 750
Professional fees £ 400

Cleaning/laundry £ 1,000
Sundries £ 340

Depreciation £ 3,000

Total £42,120

Net profit (loss) (£3,120)

on? Well, there is no easy answer and a substantial market research project amongst the population is necessary to discover what their demands are and the shortcomings of the local shops in fulfilling this demand. Properly done, this research would cost a few hundred pounds. This would be a small price to pay for clear directions towards a successful future.

Some of the business styles which may suit are:

a Health care shop, not only dispensing scripts and selling OTC medicines, but also aids for the handicapped, dietetic and diabetic products, and para-medical services.

b Convenience pharmacy. Open 8.00am till late, seven days a week, serving an area beyond the bounds of this small town.

c Green pharmacy. Apart from the obligatory dispensary and branded OTCs, the main thrust of the business would be concerned with environmentally friendly products, such as health foods, homoeopathic herbal remedies, cosmetics and skin care ranges not made at the expense of animals.

It is possible that one or more of the above could be combined, it is equally likely that another style of pharmacy will be revealed by research.

☐ **Market vigorously.**

Whatever the future course of the business, once it has been settled upon, a plan to market it well must be drawn up. Clearly the shop has very few customers now and there will not be a sudden rush through the door just because the shop stocks new products. How the shop is marketed depends largely on the selected style. Local, even regional, newspaper advertising appears to be

the obvious choice, but much more could and should be done once the target customers are more readily identifiable.

☐ **New fascia & refit.**

Even if the shop was successful, this is a smart move. However, the decision on the design, fittings, and style of the fascia should be left until the more fundamental questions have been settled.

☐ **New Layout.**

Again, the current layout doesn't work, but there is no point recommending a new plan until the future thrust of the business is decided.

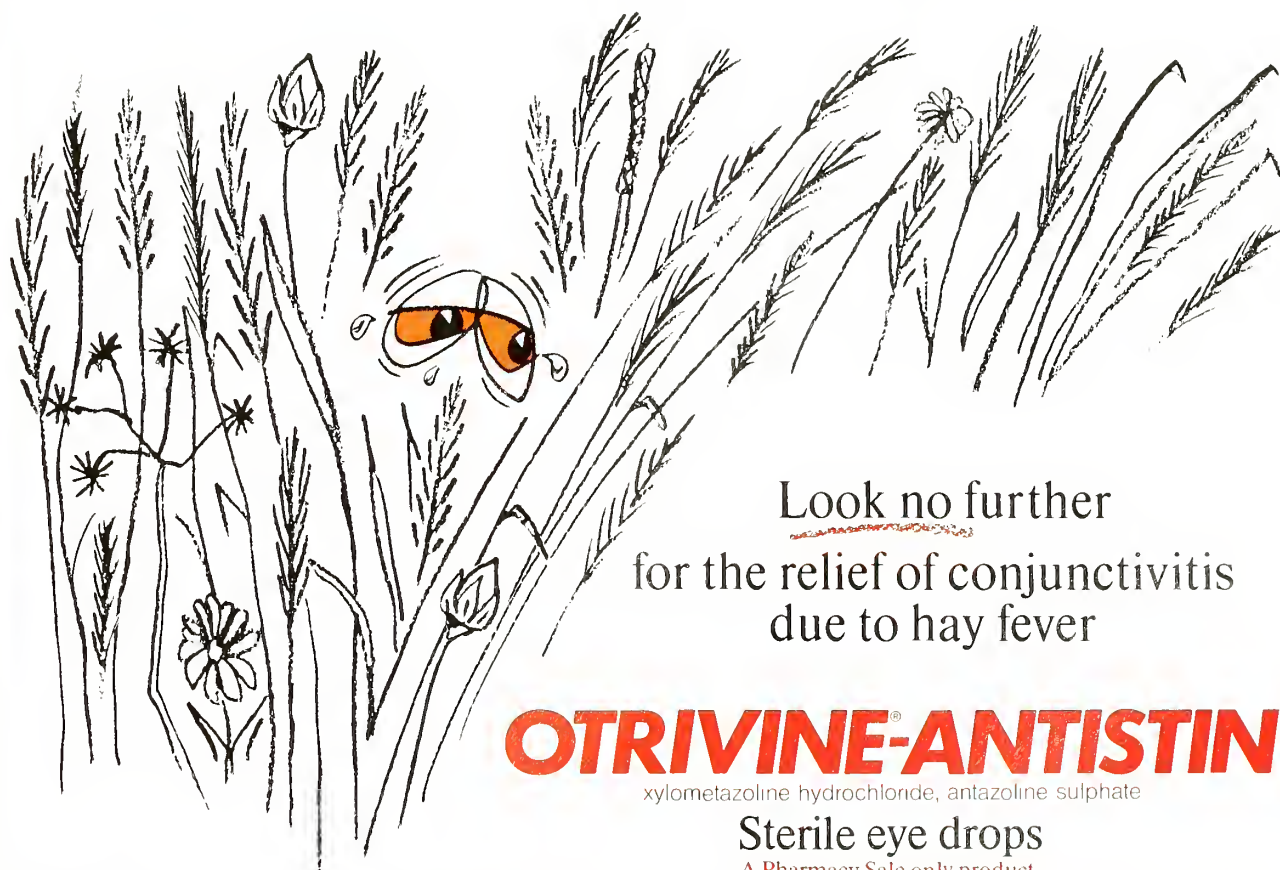
Broad brush-strokes

The above ideas are merely broad brush-strokes. The shop needs a carefully constructed marketing and business strategic plan if it is to have any chance of long term success.

There is a very good case for closing the pharmacy, renting the premises to another type of business and applying to re-open on a better site more convenient for patients, with better parking nearby. Even if it were not possible to re-locate, closing the pharmacy will prove more profitable in the short to medium term.

Mrs A's business has many obvious and serious problems and no obvious easy solutions present themselves. A few hours of observation is insufficient time to accurately judge the fate of this shop which has been ravaged by outside forces, but has failed over the years to fight back.

Is it too late to retaliate? Well, it just might be.



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PHARMACY

Fighting a moving target

The quest for new antibacterials has advanced considerably since the discovery of penicillin over 60 years ago. Despite the continual emergence of drug-resistant strains, advances in biochemistry and genetics have improved the chance of keeping one step ahead of bacteria as they continue to outwit their environment. *C&D* looks at current antibacterial therapy commonly encountered in community pharmacy, including recent developments

Selection of an antibacterial agent should involve knowledge of likely pathogens and current drug resistance, along with an investigation into the patient's medical history. Agents can be classified according to their site of action on the bacterial cell.

Bacterial cell wall

Penicillinase-sensitive penicillins such as phenoxymethylpenicillin (Penicillin V) remain the drug of choice for many streptococcal infections such as sore throat, and are indicated for respiratory tract infections in children. Their main limitation is that most *Staphylococcus aureus* strains are now resistant because they produce penicillinases (beta-lactamases) which hydrolyse the beta-lactam ring of the drug's structure.

Penicillinase-resistant penicillins such as cloxacillin and flucloxacillin are active against *Staph. aureus*, and are therefore useful for many skin and soft tissue infections.

Broad spectrum penicillins such as ampicillin are inactive against penicillin-resistant staphylococci, but their spectrum includes Gram-negative bacteria such as *E. coli* and *H. influenzae*. They can be used for middle ear infections, sinus infections and acute exacerbations of chronic bronchitis. Esters of ampicillin or the derivative amoxycillin are often used because, unlike ampicillin, absorption is not affected by food.

Anti-pseudomonal penicillins are indicated for the treatment of serious *Pseudomonas aeruginosa* infections. Carfecillin, a carbenicillin ester, is suitable for oral use.

Cephalosporins are broad spectrum antibacterials, structurally similar to penicillin. Oral cephalosporins include



Science Photo Library

cephalexin and cephadrine. They have a similar spectrum to penicillinase-resistant penicillins, but are also effective against *E. coli*, responsible for most urinary tract infections. Second generation cephalosporins, cefuroxime and cephamandole, are less susceptible to penicillinase inactivation.

Third generation agents, used for serious infections, have greater activity than second generation compounds against some Gram-negative bacteria, but are less active against Gram-positive bacteria, especially *Staph. aureus*. Novel beta-lactamases with a particular affinity for third generation cephalosporins are now emerging and many more cephalosporins are being developed.

Beta lactamase

Clavulanic acid, which has no antibacterial activity itself, has been combined with various penicillinase-sensitive penicillins and cephalosporins to extend their spectrum. No evidence of resistance to clavulanic acid has yet emerged, say Smithkline Beecham. The company is currently developing more potent, broader-spectrum beta-lactamase inhibitors, and is also researching other antibiotic resistance mechanisms.

The combination of tazobactam (an analogue of the inhibitor sulbactam) with the broad spectrum penicillin piperacillin, is currently undergoing clinical trials, Smithkline Beecham report. The company also has another compound, BRL 42715, at the research stage which, they say, gives greater protection than other beta-lactamase inhibitors.

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Ribosomal protein synthesis

Tetracyclines are broad spectrum antibacterials differing only in absorption and excretion. The long-acting compounds such as doxycycline and minocycline give better absorption. Resistance and side effects have limited their usefulness, but they have a place in chlamydial infections, and atypical pneumonia caused by *Mycoplasma* or *Legionella*. Low doses are used in the long term treatment of acne.

The macrolide erythromycin has become a major therapeutic agent in the treatment of respiratory and skin and soft tissue infections. It has a similar antibacterial spectrum to penicillin but can be used in penicillin-allergic patients. The esterified form is usually used as it has improved absorption.

Erythromycin is active against most penicillin-producing staphylococci, *H. influenzae*, *Chlamydia*, and *Legionella* species. It is therefore useful for atypical pneumonia, and is also used for respiratory infections in children.

The changing nature of respiratory pathogens has stimulated development to improve upon erythromycin. Abbott Laboratories have just launched clarithromycin, a new generation macrolide. Its advantages over erythromycin include improved oral availability, and enhanced activity against *H. influenzae*, say Abbott.

Clarithromycin is indicated for respiratory tract infections, skin and soft tissue infections, although additional indications, such as *Chlamydia* and paediatric infections may well be added in the near future.

Nucleic acid synthesis and replication

The fluorinated quinolones (4-quinolones) are structurally related to nalidixic acid, but with better absorption and a broader spectrum. They are very effective against Gram-negative aerobic bacteria, and many organisms which are resistant to penicillins and cephalosporins.

Ciprofloxacin and ofloxacin are licensed for wide spectrum use, and resistance is currently limited to *Pseudomonas aeruginosa* and Staphylococci. It is used for infections resistant to standard drugs, such as complicated urinary tract and respiratory infections.

The goal in quinolone development, say Abbott Laboratories, is to decrease both the CNS disturbance and interaction with xanthines that

occurred with early quinolones, and achieve coverage against Gram-positive organisms such as *Streptococcus pneumoniae*, while retaining Gram-negative activity. Last year Abbott applied for a product licence for temafloxacin, a "third generation" quinolone said to have these properties.

The main use of sulphonamides is urinary tract infections, but resistance to *E. coli* is now a problem, and side effects are common. Nowadays, sulphamethoxazole is usually combined with trimethoprim as co-trimoxazole, a synergistic combination.

However, it is doubtful whether synergistic or bactericidal activity is achieved at the drug levels found in infected tissue or urine, and trimethoprim is increasingly being used alone to treat respiratory and urinary tract infections. There is no evidence that using it on its own is causing increased resistance.

Metronidazole is effective against anaerobic bacteria such as *Bacteroides*, and is used for infections such as pelvic inflammatory disease.

Prophylaxis

Antibacterials are sometimes used prophylactically, for example prevention of bacterial endocarditis during dental procedures in patients who have had rheumatic heart disease. High dose 3g amoxycillin regimens are now considered suitable for patients who have received penicillin not more than once in the previous month.

Antibacterials should not be used for viral infections, trivial bacterial infections, or localised infections that will recover with appropriate surgical treatment.

Selection of a suitable antibacterial should follow consideration of the following factors:

Pregnancy According to the *British National Formulary*, the safest antibacterials in pregnancy are the penicillins and cephalosporins. Many others are contra-indicated in pregnancy, including cotrimoxazole, trimethoprim, sulphonamides, quinolones, and metronidazole and quinolones, but are relatively uncommon with tetracyclines.

Tetracyclines are deposited in growing bones and teeth leading to staining and dental hypoplasia, and should not be given to pregnant women or children under 12.

Children Penicillins, cephalosporins and erythromycin are generally regarded as safe. Quinolones are not recommended for children.

The elderly have reduced renal function, and care should be used when prescribing because many antibacterials have renal excretion and may cause kidney damage.

Tetracyclines can cause renal failure in patients with renal disease and should be avoided in the elderly. However doxycycline and minocycline do not exacerbate renal failure. Co-trimoxazole should also be used with care in the elderly as there have been some recent deaths, probably associated with the sulphamide.

Immunocompromised patients will have less resistance to infection.

Supra-infection

Supra-infection is usually caused by the suppression of micro-organisms which normally control multiplication of antibiotic-resistant micro-organisms. Broad spectrum oral antibiotics can lead to overgrowth with resistant pathogens such as *Pseudomonas aeruginosa*, *Clostridium difficile* and fungi such as *Candida*. In these cases, treatment for the supra-infection should be given.

Allergies

Hypersensitivity is one of the main side effects of the penicillins, related to their basic structure. Some 10 per cent of patients claim to be allergic to penicillin, and 10 per cent of these will also be allergic to cephalosporins. The allergic reaction presents as an urticarial rash and angio-oedema. and may involve bronchospasm and cardiac failure.

However, recent research suggests that penicillin allergy may not be as widespread as believed. Research in the *BMJ* (volume 302, p1051 May 4 1991) reported that out of 132 patients claiming to have penicillin allergy, when tested using a radio-allergosorbent test, only four were allergic. The authors say that symptoms of allergy such as rash and headache can be a symptom of the infection, and suggest that the test may provide a useful indicator of penicillin allergy.

Maculopapular, pruritic rashes commonly occur with ampicillin and amoxycillin, but usually occur in patients with glandular fever, and are not often related to true penicillin allergy.

Rashes are also common with cephalosporins, sulphonamides and metronidazole, cotrimoxazole and quinolones, but are relatively uncommon with tetracyclines.

Gastro-intestinal irritation

Most antibacterials given orally in large enough quantities may cause gastro-intestinal irritation. Diarrhoea is common with oral penicillins, especially ampicillin, although amoxycillin is said to have a lower incidence. Gastro-intestinal side effects are common with tetracyclines but may be less with doxycycline. The most

common adverse effects of metronidazole are GI disturbances, especially a metallic taste in the mouth and nausea, sometimes accompanied by headache, anorexia and vomiting.

The cause of diarrhoea associated with antibiotic use remains elusive in many cases. Although *C. difficile* is common, recent findings gave evidence of a relation between intestinal overgrowth by *Candida* and antibiotic-associated diarrhoea. (*BMJ*, 337, p511 March 2, 1991).

Prolonged therapy

High, prolonged doses of metronidazole may cause depression or confusion, and patients should be monitored if they are taking the drug for more than 10 days, as prolonged courses can have toxic effects on the CNS and peripheral nerves. Prolonged doses of erythromycin may cause cholestatic jaundice if given for more than 14 days.

Drug interactions

Broad spectrum antibacterials such as ampicillin and tetracycline interact with oral contraceptives, with a small risk of reduced contraceptive effect. Progestone-only pills are not affected.

Many antibacterials enhance the effect of anti-coagulants, including broad spectrum agents. Erythromycin, metronidazole and rifampicin interact with many classes of drugs, and rifampicin often exhibits the reverse effects of other antibacterials. Metronidazole interacts with anti-epileptics and sulphonamides enhance the effect of anti-diabetics.

Erythromycin and the quinolones ciprofloxacin and enoxacin increase plasma concentrations of theophylline, necessitating a reduction of the theophylline dose and monitoring of plasma concentration. However, ofloxacin is said to have no effect on theophylline or warfarin. Since theophylline is structurally related to caffeine, various studies have looked at the interaction between caffeine and ciprofloxacin or enoxacin in healthy volunteers. Although caffeine half life may be prolonged, the interaction does not appear to be clinically significant.

Alcohol should be avoided with metronidazole and some cephalosporins, which cause a disulfiram-like reaction with flushing and vomiting. Absorption of tetracyclines (but not doxycycline or minocycline) is decreased by milk, antacids, calcium and iron and magnesium salts. The absorption of many antibiotics given by mouth is affected by food and it is common practice to give many before meals.



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Antibiotic resistance

James W. Gray, registrar in microbiology, and Stephen J. Pedler, consultant microbiologist at Royal Victoria Infirmary, Newcastle-upon-Tyne, take an in-depth look at this ever-changing phenomenon

The introduction of a new antibiotic is almost inevitably followed in time by the emergence of resistant bacteria. Antibiotic resistance has important clinical and economic implications — Antibiotics necessary to treat infections caused by resistant bacteria are often more expensive, and may be more toxic, than drugs active against sensitive strains. Patients with community-acquired infections due to resistant bacteria may require hospitalization for treatment with antibiotics that can only be administered parenterally.

The development of antibiotic resistance occurs under selective pressure from widespread use in the community, hospitals and in animal husbandry. In general the greater the amount of a drug used and the longer it has been in use, the more likely it is that resistance will develop. There can be marked geographical variations in antibiotic susceptibility patterns.

The emergence of antibiotic resistance also depends on properties of the organism and the antibiotic. Some organisms, such as *Escherichia coli* and *Staphylococcus aureus*, readily acquire resistance whereas others such as *Streptococcus pyogenes* rarely do so. Acquired resistance to some antibiotics such as nitrofurantoin and metronidazole is uncommon while for compounds

like penicillin, erythromycin and tetracycline, resistant strains frequently emerge.

Certain modes of administration, especially topical treatment are particularly likely to give rise to resistance and patient to patient spread, as in hospitals, is an important means by which resistant bacteria thrive.

The mechanisms underlying natural antibiotic resistance are similar to those causing acquired resistance, and include lack of penetration of the drug into the cell, lack of a suitable target site for the antibiotic, and innate production of drug-destroying enzymes.

Acquired resistance

Antibiotic resistance can be acquired in two ways, either by mutation of bacterial chromosomal genes, or by transfer of plasmids carrying resistance genes between cells.

The frequency of spontaneous mutation of chromosomal genes that control susceptibility to an antibiotic is 1 in 10^6 to 1 in 10^{12} per generation of bacteria. Chromosomal mutations giving rise to clinically important antibiotic resistance are most likely where the mutation rate is high (for example with *S. aureus* and rifampicin) or where therapy is prolonged, as in the case of anti-

tuberculosis chemotherapy.

Most clinically important antibiotic resistance is plasmid-mediated. Plasmids are pieces of extra-chromosomal DNA that can be transferred from cell to cell by a variety of mechanisms. Plasmids that carry antibiotic resistance genes are often known as "R factors". Some plasmids carry two or more genes, conferring resistance to several antibiotics.

Genes coding for antibiotic resistance can also be carried on transposons. These are highly mobile genetic elements that are unable to replicate themselves, but can transfer very easily between different plasmids, and between plasmids and chromosomes. Transposons represent a highly effective means of dissemination of antibiotic resistance. One example of an important resistance gene that is carried by transposons is the gene that codes for TEM-1 beta-lactamase, which mediates resistance to penicillins and first generation cephalosporins in many organisms, including *E. coli*, *Haemophilus influenzae*, and *Neisseria gonorrhoeae*.

Mechanisms

There are three principal mechanisms by which acquired antibiotic resistance can be mediated. Some bacteria are able

to employ more than one mechanism in order to augment the level of resistance to a particular antibiotic.

□ **Production of drug-destroying enzymes.** The best-known and most-important drug-destroying enzymes are the beta-lactamases, which inactivate beta-lactam antibiotics by irreversibly hydrolysing the amide bond in the beta-lactam ring. Beta-lactamases are produced by many organisms, including *S. aureus*, *H. influenzae*, *N. gonorrhoeae*, enteric Gram-negative bacilli (e.g. *E. coli*), and *Bacteroides fragilis*.

There are several different classes of beta-lactamase which differ in their affinities for different beta-lactams; some are mainly active against cephalosporins, others against penicillins. The carbapenems, such as imipenem, are stable against virtually all beta-lactamases.

Production of aminoglycoside modifying enzymes is an important mechanism of aminoglycoside resistance.

Aminoglycoside modifying enzymes act on aminoglycosides entering the cell during the slow uptake phase, thereby preventing the rapid phase of drug entry. There are several different ones, distinguished according to the site on the aminoglycoside molecule that they alter. Therefore, like the beta-lactamases, different aminoglycoside modifying enzymes act on different aminoglycosides. Amikacin is the most resistant aminoglycoside to these enzymes.

Destruction of the drug by chloramphenicol acetyltransferase is the most important mechanism of chloramphenicol resistance.

□ **Alteration of the antibiotic target site.** Penicillin-binding proteins (PBPs) are enzymes located in the cytoplasmic membrane of bacteria that serve as targets for beta-lactam antibiotics. Mutations of PBPs have been shown to confer resistance to beta-lactam antibiotics in many bacteria, including methicillin-resistant *S. aureus* (MRSA), *Streptococcus pneumoniae*, enterococci, *H. influenzae*, and *N. gonorrhoeae*. In contrast to most beta-lactamases, alterations in PBPs often give rise to very broad spectrum beta-lactam resistance.

Trimethoprim and the sulphonamides inhibit enzymes involved in the bacterial folate biosynthesis pathway. Resistance to these agents is usually mediated by production of enzymes with much-decreased affinity for the antibiotics.

Alteration of the ribosomal target site is the major resistance mechanism for erythromycin. Resistance of quinolones (e.g.

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ciprofloxacin), rifampicin and fusidic acid is mediated by mutations in the genes which code for their respective target enzymes, leading to decreased affinity for the antibiotic.

□ Prevention of accumulation of antibiotic. Porins are protein channels located in the outer membrane of Gram-negative bacteria which control the passage of many substances into the cell, including certain antibiotics. Porin deficient mutants have been described as giving rise to resistance to several antibiotics, especially beta-lactams, but also aminoglycosides, chloramphenicol and quinolones.

Tetracycline resistance is usually mediated by production of a membrane-located protein that promotes active efflux of tetracycline from the cell.

As discussed above, aminoglycoside modifying enzymes confer aminoglycoside resistance by limiting uptake of the drug by the cell. Aminoglycoside resistance due to failure to accumulate the drug can also be mediated by changes in the lipopolysaccharide binding sites, or by mutations in the pathways that generate energy for aminoglycoside uptake.

Trends

Penicillin-resistant *S. aureus* emerged soon after the introduction of penicillin, and at least 80-90 per cent of strains are now penicillin-resistant. *S. aureus* resistant to the beta-lactamase-stable anti-staphylococcal penicillins such as methicillin and flucloxacillin (MRSA) emerged soon after the introduction of these agents in the 60s. Such

strains are often also resistant to other antibiotics such as erythromycin and gentamicin, and tend to spread within hospitals.

Penicillin-resistant strains of pneumococci have appeared in many countries, including the UK where between 1 and 4 per cent of isolates have been found to be resistant. Penicillin-resistant pneumococci are frequently resistant to other antibiotics, such as chloramphenicol. Therefore resistant pneumococcal infection could become a serious therapeutic problem if the incidence of drug resistance continues to increase.

Serious enterococcal infections can be difficult to treat, and usually require a combination of ampicillin or a glycopeptide (e.g. vancomycin or ticoplanin) and an aminoglycoside in order to achieve a synergistic killing effect. In hospitalised patients, up to 10 per cent of enterococci are now resistant to ampicillin, and high-level aminoglycoside resistance rates of up to 50 per cent have been reported.

Ampicillin resistance in enteric Gram-negative bacilli is now common in both hospitals and the community. All strains of *Klebsiella* are ampicillin-resistant due to production of a chromosomally-mediated beta-lactamase. About 40 per cent of *E. coli* isolates, but fewer than 10 per cent of *Proteus mirabilis* strains are ampicillin-resistant, usually due to a plasmid-mediated beta-lactamase. Beta-lactamases conferring ampicillin resistance usually also give low-level resistance to the first generation cephalosporins. Ampicillin resistance in *H. influenzae* has increased and now 15 per cent of isolates are resistant.

Over the years *N. gonorrhoeae* has become less susceptible to

penicillin so that higher doses are now required for effective therapy. Penicillinase-producing *N. gonorrhoeae* (PPNG) were first noted in 1976. Such strains, which are completely penicillin-resistant, account for half or more of isolates in some parts of Asia but are still relatively uncommon in Europe and North America.

Resistance and prescribing

Widespread resistance of some organisms to certain antibiotics means that some previously widely-used agents can no longer be regarded as reliable empiric therapy for some infections.

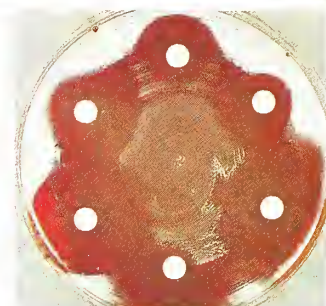
□ Urinary and genital tract infections. *E. coli* accounts for about 75 per cent of community-acquired urinary tract infections (UTIs), of which around 40 per cent can be expected to be ampicillin-resistant. The prevalence of resistance to trimethoprim is variable, but in most areas the resistance rates among common urinary tract pathogens are low enough to justify its continued use as blind treatment for UTIs.

Although beta-lactamases mediating ampicillin resistance in coliforms also give low-level resistance to the first generation cephalosporins such as cephalexin, the concentrations of cephalosporins achieved in the urine are often sufficient to successfully treat infection. Few community-acquired UTIs are resistant to ciprofloxacin, nitrofurantoin, co-amoxiclav, or newer oral cephalosporins such as cefixime and cefuroxime axetil. Because of increasing resistance, penicillin as first-line treatment for gonococcal infection has been superseded in many centres by newer agents such as cefuroxime and ciprofloxacin.

□ Respiratory tract infections. In general ampicillin (or amoxycillin) still represents a reasonable first-choice agent for infections of the respiratory tract.

A wide variety of other antibiotics are suitable for use in respiratory tract infections (RTIs). Tetracyclines and the cephalosporins cefixime and cefuroxime axetil have broad spectra of activity and acquired resistance is relatively uncommon. Erythromycin has good activity against *S. pneumoniae*, but is less reliable against *H. influenzae*.

Both erythromycin and tetracyclines have the advantage of being active against organisms causing "atypical" pneumonia such as *Mycoplasma* and *Legionella*. Most *S. pneumoniae* and *H. influenzae* isolates are sensitive to trimethoprim, but *Branhamella catarrhalis* is intrinsically resistant. Co-amoxiclav is active against beta-



Haemophilus influenzae, resistant to ampicillin

lactamase-producing isolates of *H. influenzae* and *B. catarrhalis*, but is inactive against strains of *S. pneumoniae* and *H. influenzae* in which ampicillin resistance is mediated by alterations in PBPs.

□ Skin and soft tissue infections. Almost all community-acquired strains of *S. aureus* are sensitive to flucloxacillin, while streptococci are uniformly sensitive to penicillin. Most staphylococci and almost all streptococci are sensitive to erythromycin.

Co-amoxiclav has a broad spectrum of activity, including streptococci, and beta-lactamase-producing strains of *S. aureus*, *Bacteroides*, and coliforms, and is therefore particularly useful in treating bite wounds where mixed infections are common. Tetracycline cannot be recommended as blind therapy, because resistance is relatively frequent in both staphylococci and streptococci.

Topical treatment with agents such as gentamicin or fusidic acid should be avoided because of the high risk of resistance developing.

□ Gastro-intestinal infections. Antibiotic treatment is not indicated in the majority of cases of gastroenteritis. Resistance to antibiotics that are clinically useful in treating bacterial gastroenteritis is uncommon in infections originating in the UK. However resistance to agents such as ampicillin, tetracycline and chloramphenicol is common in infections imported from developing countries where there is little control over antibiotic use.

Fluoroquinolones such as ciprofloxacin are emerging as the treatment of choice for most bacterial gastro-intestinal infections. Fortunately resistance to these drugs is rare at present.

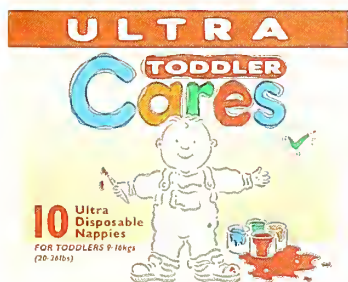
Conclusion

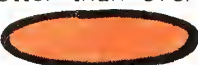


The ability of bacteria to develop resistance to antibiotics continues to keep pace with the ingenuity of pharmaceutical companies in developing new drugs. Our best defence against the emergence and spread of antibiotic-resistant bacteria is careful selection of antimicrobial therapy.



X-ray of *Mycoplasma pneumoniae* — the shaded areas show infection

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Fit for the Nineties

This week sees the launch of the 1992 "Fit for the Nineties" Shop Design Award co-sponsored by *Chemist and Druggist* and Whitehall Laboratories. The first Awards were presented last year in a competition that brought a high standard of entry in both major and partial refit sections. There are again significant cash prizes in both categories with £3,000 at stake, as well as plaques for both winning pharmacies and certificates for their shopfitters. So if you will have refitted all or part of your business to advantage in the qualifying period — April 1, 1990 to December 31 this year — then this competition is for you

Pharmacies come in all shapes and sizes and are located in an equally diverse variety of places, from health centres to supermarkets, from city High Street to village square. What they have in common is a demanding clientele in pursuit of a wide variety of services ranging from nappy and perfume sales, NHS dispensing and OTC medicine advice, to cholesterol and pregnancy tests. The environment must be appropriate for the services on offer. This competition aims to select those pharmacies that have produced, through a major or partial refit, imaginative and user-friendly solutions that match services to customer needs.



Success in 1990...

J.N. Murray of Barrow won last year's Award — this is their dispensary

Last year the winning entries reflected the diversity that is community pharmacy. The winner came from a small family-run group in Cumbria and featured quality materials in an enlarged shop and pharmacy areas that included a feature wooden floor walkway. The key to the design was to move the image upmarket using the extra floor area to add space rather than to "pile it high", as well as including a prescription waiting area and consultation point near to the relocated, raised and larger dispensary.

The judges felt the refit took full advantage of the extra floorspace within the limitations imposed by the structure of the building to achieve the aim of providing a better organised and merchandised shop environment, a more efficient dispensary, and an environment that reflected the increasing importance of pharmacy in community medicine. One year on, Jonathan Hartley of J.N. Murray, Barrow-in-Furness says the refit is working well. Manageress Judith Simpson says: "The customers are very pleased and are still remarking upon the refit. They enjoy the room to walk

round and to look rather than be pushed to a counter."

A new shop front won the partial refit category for Filey pharmacy P.T. & H.J. Richardson — again their refit was designed to move them upmarket. The period-style pharmacy fascia featured brass lamps, and dark green paintwork with gold relief and lettering, "to reach out and grab attention and invite inspection".

It certainly caught the eye of the judges and continues to have a similar effect on customers. Says pharmacist Paul Richardson: "We're very pleased — it was worth the investment. It's had the desired effect and brought more people through the door."

That was last year. Now the hunt is on for similarly innovative executions. We will present the winners and their designs in *C&D* in order to pass on ideas for the advancement of pharmacy.

The 1990s reflect a world that has become smaller and more accessible with the result that international companies are now marketing their products on a global

Pharmacy of the future

COMPETITION RULES

This *Chemist & Druggist* pharmacy shopfitting competition is sponsored by Whitehall Laboratories:

Categories

1. New pharmacy shopfit or major pharmacy refit involving at minimum the full sales area. Entrants must describe in no more than 300 words the main objectives of the refit and how they were achieved and back up their submission with photographs, illustrations and plans where possible. In particular, how services and merchandise are matched to customer type/locality through cost-effective solutions.

2. Partial refit or extension of pharmacy involving shop front; dispensary; special sections of sales area; consultation area; or conversion of non-sales area to trading venture, etc. Entrants must also describe in no more than 300 words the main objectives of the refit explaining how they were achieved, backed up with photographs, illustrations and plans where possible.

In both categories judges will match execution of plan with objectives, with particular emphasis on innovative solutions to problems.

Entrants

1. Shopfitters (in conjunction with planners where appropriate, eg wholesalers).

2. Pharmacy owners/managers.

Closing date for entries to be January 31, 1992. Refits must have been completed in period April 1, 1990 to December 30, 1991.

The entry must include category, full name, address and telephone number of both pharmacy and shopfitter and reach *Chemist & Druggist*, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW, by January 31, 1992. Entry forms from Whitehall Laboratories or the above address.

Prizes

Either shopfitter or proprietor/manager (with owner's permission) can make an entry. The prizes awarded will be:

1. £1,500 for winner of pharmacy refit; £500 for runner-up with plaques for both. Shopfitter to get a certificate and right to use competition emblem in advertising, etc.

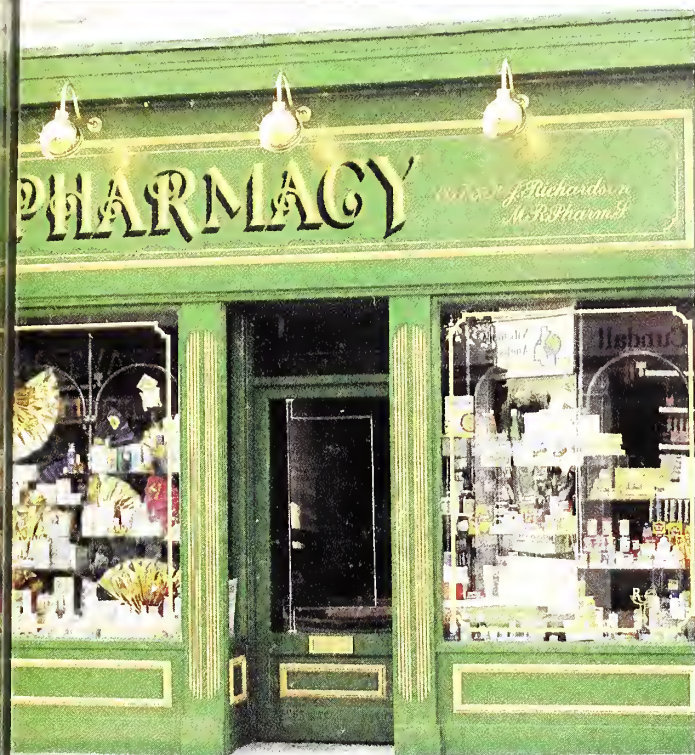
2. £750 for winner of partial pharmacy refit; £250 for runner-up with plaques for both. Shopfitter to get certificate and right to use competition emblem in advertising, etc.

All entrants to get certificate of entry. *C&D* has the right to publish entries. All entries to be returned.

Judging

Judging will be in February, 1992 with winner announced in *C&D* by April 30.

C&D Editor to act as non-voting chairman of a four-person panel drawn from the pharmaceutical profession and shopfitting industry.



Last year's winner in the partial refit category

basis. Our co-sponsors, Whitehall Laboratories, are participating in those changes. Gavin Bell, previously managing director of the UK company, is now responsible for all the European OTC business. He was personally involved in the launch of the "Fit for the Nineties" Awards and says: "Whitehall Laboratories are committed to the healthcare business and sponsoring these awards is a tangible way of showing that commitment."

David Beauchamp, previously sales and marketing director of Whitehall UK takes over as general manager and is just as committed. "It is the philosophy of Whitehall Laboratories to support and maintain the OTC business in the pharmacy sector. The awards will have our full support this year and we look forward to again seeing splendid designs which will carry us through the Nineties."

Throughout this year the working party on the future of community pharmacy will be meeting to determine the way forward for the profession in the High Street. Perhaps some of the refits will reflect the new roles that are the vogue in pharmacy at present. Or possibly they will simply be modern interpretations of the blend of retailing skills and pharmaceutical excellence that is pharmacy.

Whatever your penchant in pharmacy, we look forward to receiving your entry.





SKIN DEEP

Growing consumer awareness of the need to protect the skin from harmful environmental factors, and a demand for value-added products is fuelling growth in the skincare market

The trend towards a "natural" look, with minimal makeup, means that women are becoming more conscious of the need for a good starting point — the perfect complexion.

They are appreciating the benefits of a good skincare regime and, as they become more knowledgeable about the damage caused by sun and pollution, they are cleansing more frequently and moisturising more intensely. They are looking for products with added benefits such as sunscreens and are prepared to spend more on preparations which meet specific needs.

As a result, all sectors of facial skincare are buoyant. Over 90 per cent of women in the UK use these products, according to Revlon, and 70 per cent claim to have sensitive skin.

Cleansers are being boosted by the trend towards washes and scrubs, which are regarded as alternatives to soap and water rather than a replacement for traditional cleansing lotions or creams. In a survey by Smith & Nephew, about one-tenth of women said their usual method of facial cleansing in the morning was with a facial wash, and this figure rose by 16 per cent among 16-24 year-olds.

Moisturisers are being boosted by an increasing desire among both older and younger women to delay the appearance of ageing, and high-tech anti-ageing products are becoming more accessible, both in terms of price and availability. Liposomes, once the exclusive preserve of the premium brands, are now fuelling the mass market in products such as L'Oréal's Plénitude.

Another key trend is towards "natural" skincare, although Revlon suggest that consumer perception of this is vague — it can mean anything from Body Shop to Clinique. Any product which contains plant or marine extracts, is hypo-allergenic, fragrance or colour-free, or is not tested on animals may be regarded as "natural".

However, this confusion is decreasing as consumers become knowledgeable about ingredients and manufacturers position and formulate their products more rigorously. Many companies are introducing "green" ranges such as Revlon's Ecologie, and Laboratoires Garnier's Synergie.

The use of animals has become a big issue; there has been a move towards non animal-derived ingredients and manufacturers are keen to avoid animal testing where possible.

The big spenders in the £378.5 million total skincare market are women, particularly those in the 25-34 age group, say Smith & Nephew. Men account for a mere 11 per cent of total expenditure, although male skincare is an area of rapid growth. Married women spend more than single ones, with housewives spending more than those who go out to work.



Michelle Westwood, senior product manager for Nivea, believes the less sophisticated facial skincare products will eventually become defunct as brands such as Plénitude and the recently-launched Nivea Visage (C&D, April 20, p638) become available at mass market prices.

Another area in which dramatic growth is expected is bodycare, as women generally accept that facial skincare is essential and are taking an interest in the condition of the skin elsewhere on their bodies. ERC Statistics International, in a report "The Market for Women's Cosmetics & Toiletries in Europe", say that prestige, fragranced bodycare is performing well, thanks to heightened consumer awareness about bodycare in general. The mass market sector is also seeing renewed activity.

"It seems that specific bodycare products are no longer the preserve of premium brands, symbolised by the introduction of the Pure & Simple bodycare range in 1989," says the report. "It remains to be seen whether numerous new introductions will serve to boost the market as a whole, or will in part cannibalise sales of other products."

Customers still need you

As consumers become more knowledgeable about skincare — helped by the many articles in newspapers and magazines — there is less need for them to buy through consultants or to need the advice of the "Avon lady". In fact, more often than not,

the typical consumer is now out at work when the Avon lady calls.

This doesn't mean the pharmacist's advice is no longer needed, says Caroline Bird, Laboratoires Garnier's group product manager. The pharmacist or pharmacy assistant can give more impartial advice about a wider range of products than a company consultant and can advise about specific problems such as sensitive or oily skins. This personal contact is still helpful when selling many skincare products, Ms Bird believes.

But the bad news is that pharmacies are only just showing sterling growth and are declining in volume share of facial skincare sales. Laboratoires Garnier say that chemists account for 31 per cent of the facial skincare market, with Boots accounting for about 20 per cent. But pharmacies have grown only about 2 per cent over the past year, compared with the growth of 35 per cent seen by grocers which now account for about 16 per cent of the market.

Grocers are doing so well because they have devoted a significant amount of space to skincare, whereas independent pharmacies tend to stock selected products from several ranges, says Ms Bird.

"Consumers like to be able to choose from the whole range," she explains, "so pharmacists should become more discriminating and concentrate on stocking the complete range of those brands offering the best profit. Independents often fail to realise how important the skincare market is and don't allocate enough space to it."

Smithkline Beecham agree that in recent years there has been increased purchasing of skincare products along with the weekly groceries, although their continuing dominance through pharmacies suggests they are still a long way from becoming a mass market commodity.

Figures from Smith & Nephew give Boots a 38 per cent share, other pharmacies 14 per cent, grocers 17 per cent and drugstores 11 per cent, for the year ending February 1991.

Vichy Laboratories believe that those pharmacies showing the most success in skincare are the ones selling the more upmarket brands, as mass market brands and skincare toiletries become squeezed by supermarkets.

As for individual product trends, Smithkline Beecham say the toiletry sector — in which they class brands such as Pure & Simple, Timotei, Nivea Facials, Simple, Oil of Ulay, Aapri and Plénitude — is the most rapidly growing and leapt 46 per cent in the year to February 1991.

The toiletry sector is broken down into cleansers, toners, moisturisers, face masks and scrubs and bodycare products.

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Moisturisers command the largest value share (about 38 per cent) and have the highest penetration among women of all ages from 11 to 64.

Smith & Nephew say that in toiletry "regime" skincare, cleansers are growing 16 per cent year on year, toners 26 per cent (although these could suffer as facial washes become more popular) and moisturisers 12 per cent. They believe that moisturisers are still bought mainly in pharmacies as consumers perceive them as important purchases, whereas cleansing products are more likely to be bought in grocers with the weekly shop. And, as products become more sophisticated, the pharmacy has an important role to play in giving advice.

Elida Giblin says the key trend in facial skincare is towards increased penetration among younger users. Their research shows that the 17-24 year old age group contains the highest percentage of users of "regime" products — cleansers, toners and moisturisers — followed closely by 11-16 year olds. This company puts a much lower figure of £274m rsp (AGB) on the total skincare market, of which toiletry skincare accounts for 64 per cent. The latter is growing at the expense of the high/medium priced sector.

For the future, an Economist



Two Pond's creams now contain sunscreens (see p916)

Intelligence Unit report (no 395) predicted earlier this year that adverse economic conditions would be the main factor affecting the skincare market for the next few years. But continuing heavy investment

by the major players would mitigate the more severe effects, and the report expected the market would weather the storm better than less essential products such as colour cosmetics and fragrances.

High tech backs high hopes

C&D looks at the sophisticated techniques being used to prove that skincare products are not just hope in a jar

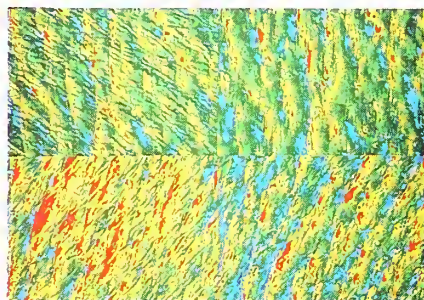
Claims about the beneficial effects of skin creams have always met with a certain degree of scepticism. But in recent years, testing methods have become increasingly sophisticated so that even the once outrageous "anti-wrinkle" claim can now be backed by hard scientific evidence, although no-one will deny that nature catches up in the end.

Some cosmetic companies employ as many pharmacists, chemists and biologists as might be expected of a pharmaceutical company. Histologists have an important part to play in monitoring skin changes in minute detail under the electron microscope. And quantifying the efficacy of a cosmetic is not unlike assessing a drug. Dose effect relationships, time taken for the product to work and reversibility are some of the parameters that need to be studied.

Claims that a cream has a "moisturising" or "hydrating" effect can be verified by placing an electrode on the skin and measuring electrical conductivity. A well hydrated skin conducts electricity better than a dry skin. By measuring this electrical flux, the percentage hydration can be calculated before the test cream is used, immediately after, and a few hours later.

Transepidermal water loss can be determined using an evaporimeter in which sampling chambers are placed over the skin. The pressure at different heights above the skin varies according to the water content of the air and depends on the rate at which water is being lost from the skin. In another method, air is passed through the chamber at a known rate and its water content measured by water sensors.

Studying the cohesion of corneocytes, the stratum corneum cells, gives some idea of a cream's reparative effect. Although



Colour image analysis. Top: Control skin (right) and skin to be treated with Actium (left) at the start of the study. Below: Control skin (right) and skin treated with Actium after three months. The blue colour indicates furrows while the red colour indicates flatter skin

these cells are dying and about to be shed from the body, moisturisers can improve their cohesion and make the skin look smoother. Cohesion is measured by placing a small piece of weighed adhesive tape on the skin, stripping it off after a certain time, then reweighing it on a micro balance. Skin which is dry or damaged by aggressive washing leaves behind more cells on the strip than a greasy skin does.

Spontaneous skin loss, or desquamation, can be measured by placing a small chamber of pH-buffered solution above the skin. On stirring the solution, any loose skin is dislodged. After centrifuging, the cells can be removed from the solution, stained and counted by an image analyser.

Oily skin is another common cause of cosmetic problems and L'Oreal have developed a technique for measuring the production of lipids by the sebaceous glands. Their lipometer measures the

amount of light transmitted through a ground glass plate, which varies according to the lipid film collected on its surface after pressing against the skin.

There is a battery of tests to support the controversial "anti-ageing" claim. Skin fragments can be aged artificially by exposing them to UV light and the effects of test products on this photo-aged skin examined under the microscope. These tests can be done *in vivo* by exposing a patch of skin to UV light then seeing if the cream under study remedies the damage.

One of the main features involved in skin ageing is the deterioration in the collagen and elastin fibres which form the skin's support structure. Laboratoires Roc's latest product "for young-looking skin", Actium, contains Histo-protector-collagen-elastin which protects these fibrous connective tissues against attack by destructive enzymes. Simple tests using collagen in a Petri dish show that HPCE stops erosion by the enzyme collagenase.

Skin biopsies can be stained histologically and examined by electron microscope. Measuring the Pixel density, or the amount of colour taken up by different cells, enables the amount of collagen and elastin to be calculated. Actium was found to have a significant effect in reducing collagenase and elastase activity.

As the skin ages, the amount of "insoluble" collagen increases in relation to the amount of "soluble" collagen, resulting in loss of elasticity. This ratio of soluble to insoluble collagen can be measured by biochemical analysis, and was found to increase with Actium.

The depth of fine lines and wrinkles can

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A RANGE THAT WORKS TOGETHER, SELLS TOGETHER.

That's what we've found out from a study of how pharmacy displays affect the sales of the E45 range.¹ Both the sale rate and unit sales go up at least 10% when the whole range is displayed together.

Frankly, we weren't surprised. After all, Cream E45, Wash E45 and Bath E45 aren't just effective products in their own right. Together, they add up to a complete dermatological programme, effective for a wide range of dry skin conditions.

Wash E45 a dermatological washing cream has a unique non-drying formula that cleanses effectively without disturbing the skin's natural barrier of oils.

Bath E45 with its long-lasting emollient effect, is ideal for soothing widespread dry skin problems, especially in

such serious disorders as eczema and psoriasis.

Cream E45 has for more than 36 years been recommended by dermatologists to soothe and protect dry skin. When used together as a skin-maintenance programme, these products enhance one another's effect. And, as our study has shown, this is precisely the way they work on your shelves.

We hope you'll display the E45 range together. After all, this way you'll be promoting more than just your sales. You'll be promoting better skin care.

1. Nielsen Insight Analysis, 1990. Taken from the Nielsen Pharmacy Retail Index Data (excluding Boots) for July/August 1990

E45

DERMATOLOGICAL SKIN CARE



be measured *in vivo* by taking an imprint of the skin's surface using a flexible silicon material. From this, a hard replica is obtained in which the wrinkles appear as peaks. A sensor traced over the surface provides an electronic signal from which a computer calculates the height and area of the peaks. This device is known as an anaglyphograph.

Another technique, image analysis, measures the skin's relief by interpreting the shadows on the initial imprint. Colour image analysis shows skin furrows in one colour and flattened areas in another colour. Computerised techniques such as these enable the number of furrows per sq cm of skin and their mean depth to be calculated.

During normal metabolism and repair, skin cells take up oxygen and give off carbon dioxide. This gaseous exchange can be measured by placing a cylinder over the skin and analysing the composition of the air. This analysis gives an indication of cell activity which slows down as the skin ages.

Firmness is measured by balistometry in which the skin is hit by a small mechanical hammer and the amount of rebound recorded electronically. The hammer rebounds less from an older sagging skin than it does from a young, taut skin.

Elasticity is studied by extensimetry. A section of skin is placed between clamps and is stretched until it deforms or breaks. A dry, older skin withstands less force than a young one and snaps more quickly.

A torsional device, or twistometer, developed by L'Oreal uses a microprocessor to monitor the skin's deformation as a function of time. Measuring the ratio between the stratum corneum's extensibility and the time taken for it to recover when the stretching force is removed, gives an indication of firmness.

Stratum corneum replacement time lengthens in old age. This can be quantified by staining the cells with dansyl chloride and measuring its rate of disappearance by a fluorescence technique.

On average, there is a decrease of some 25 per cent in dermal thickness between the ages of 20 and 80. Total skin thickness, of which about 95 per cent is dermis, can be measured by ultrasound techniques and these methods could possibly be used to assess products that might repair skin damaged by chronic UV exposure.

The skin for all these tests comes mostly from humans. Animal rights issues aside, human skin obviously gives a much better indication of how the product will perform in practice. And because animals tend not to suffer from cosmetic problems such as oily skin these conditions would have to be artificially created.

In vitro tests are done on skin taken from people about to have plastic surgery, who would be losing their skin anyway. Early *in vivo* tests are often done on company volunteers, while tolerance tests may be carried out in dermatology clinics on patients with hypersensitive skins.

The forehead allows good "before" and "after" comparisons. Half is treated with the product under test, the other half left untreated and the two compared.

Finally, in larger scale consumer trials, potential buyers decide whether they think the products work and if their friends and relatives notice any difference. Even the most scientifically researched, high tech product can fail on something as simple as "it doesn't feel right".

The unacceptable face of skincare

Your customers may complain that certain products "bring them out in spots", even though they may be well past the typical "spotty" age. Anita Lee, MRPharmS, medical co-ordinator, Roc Laboratoires, explains why this happens

A baby's skin is usually supple, smooth, well moisturised with invisible pores and a perfect texture. Unfortunately, this perfection does not last. During adolescence, certain skins suffer as a result of hormonal changes. Sebaceous glands develop such that sebum secretion increases, skin becomes oily, pores dilate and comedones (or blackheads) appear. These can lead to teenage acne, a classic phenomenon.

Later, around the age of 20, the skin settles down and from 30 onwards these problems become far less common as there is a tendency to dry skin with advancing years. Outbreaks of acne can, however, be triggered off, encouraged or prolonged by a number of factors including certain medicines. This can occur at any age and affect any skin type.

Cosmetic acne is characterised by the appearance of comedones or blackheads caused by specific ingredients or products with a comedogenic potential. Thus, the benefits of skincare products can sometimes be reversed if the product induces a cosmetic acne in the user, who may be of any age.

Studying and testing the comedogenicity of raw materials and finished products has therefore become extremely important in the formulation and development of skincare products.

In 1941, Adams proved that certain chemical substances were liable to cause acneic lesions in humans. Kligman and Fulton later assessed follicular hyperkeratosis induced by these substances qualitatively.

To evaluate these results objectively, Roc have developed a quantitative method in their research centre. The method involves using 20 young volunteers who have two products applied to their skin, one on each half of the forehead, either: a) the test product and a placebo, or b) two

products, one which has been shown by earlier workers to be comedogenic and the other non-comedogenic, or c) two raw materials, one which has been shown to be non-comedogenic and the other comedogenic.

The experiment must be double-blind to prevent endogenous and exogenous factors influencing the results. No other product may be applied except mild neutral pH cleansing products.

The following are observed: clinical results (ie increase of microcysts, open comedones and pustules), macrophotography and stereomicroscopy (by taking impressions of the skin using silicone paste).

The skin is examined under dermatological supervision at specific intervals: before the first application, then four weeks and two months after commencing.

The increase in comedones on the treated area compared with the control is evaluated as follows: Less than 2 = non-comedogenic; between 2 and 5 = slightly comedogenic; between 5 and 10 = comedogenic and more than 10 = very comedogenic.

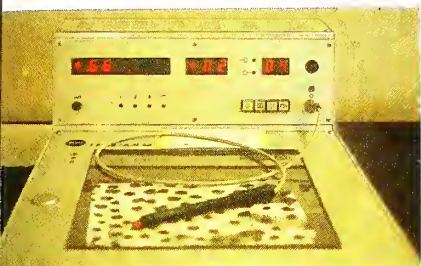
There is a good correlation between results obtained in the laboratories and those in clinical trials.

Around a hundred raw materials have been tested according to their chemical structure and composition. Some have been found to be non-comedogenic, for example mineral oil, lanolin oil, certain vegetable oils, beeswax, carnauba wax, polyethylene glycols. Iron oxides, used as colourants in make-up, are also non-comedogenic.

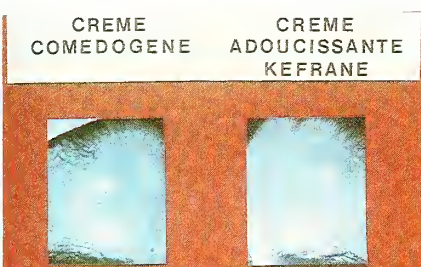
On the other hand, certain natural or treated vegetable oils are comedogenic when they are applied in their pure form. Examples are: sweet almond oil, hydrogenated peanut oil and caprylic/capric triglycerides.



Sampling and television campaigns are planned for Synergie (see opposite)



Machine used to photograph the skin under test, or its imprint. The dark spots on the photograph are enlarged pores in which blackheads are forming. The area of the pores can be calculated before and after the test cream is applied



Two sides of the same girl's forehead, showing that the comedogenic cream on the left produces more spots than the non-comedogenic one (a Roc product available only in France)

It is possible, by studying the optimum concentrations at which these raw materials are no longer comedogenic, to make use of some of them for example, sweet almond oil at 50 per cent is non-comedogenic.

Some ingredients are highly comedogenic, for example, certain fatty esters such as isopropyl myristate often used in skin care or make-up products, isopropyl isostearate, isopropyl propionate, PPG2 myristyl propionate ether.

For these raw materials Laboratoires Roc have found the non-comedogenic substitutes octyl dodecyl myristate and isocetyl stearate.

Study of the comedogenic potential of several raw materials leads to the conclusion that comedogenicity appears to be related to:

- ☐ The raw materials themselves, their purity, their concentration.
- ☐ Polar or non-polar solvents.
- ☐ Proportion of the two phases of an emulsion.
- ☐ Direction of the emulsion (o/w or w/o).
- ☐ The presence of pigments.

Conclusions drawn from tests like these provide vital information for scientists formulating and developing new products.

Cosmetic products are only comedogenic if they contain raw materials which are comedogenic themselves. However, the chemical combination of different ingredients in a cream containing one comedogenic compound can have a synergic effect such that the risk of comedogenicity is greatly increased in the final product. This is the case with emulsifiers or the constituents of the oily phase of an emulsion. For this reason some ingredients chosen for their cosmetic qualities have to be eliminated and replaced with others which are non-comedogenic.

Nowadays the demands made of cosmetic products are greater than ever before and non-comedogenicity is just one of many factors of which all consumers should be aware, not just those with acne.

In pursuit of the dream complexion

Skincare is a dream industry in which advertising and image play a major role in persuading consumers that the product will work. *C&D* looks at current promotions

Trialing and cash back offers will be major features of the support for Laboratoires Garnier's **Synergie**, launched this Spring with a £2 million spend. The second burst of the national television campaign runs during September and October, together with Press advertising from June until the end of July and again in November and December. Two million sample sachets will be given out in the Autumn Press campaign.

Illuminated boutiques are available to selected pharmacy outlets, as well as the standard display units, and the company can give advice on the best ways to merchandise a skincare fixture.

L'Oréal have added a firming complex to the **Plénitude** range (*C&D*, May 4), supported by a £2 cash back offer. This is the third product in the range to use liposome technology. In a "face the future" promotion selected accounts will be offered a "gift with purchase" deal and Press advertising is planned for later this year.

Most of the investment will be behind Contour Regard, launched in January, for which another burst of television advertising starts this month in selected regions.

Pharmacy staff can obtain copies of the **E45** "A guide to common dry skin disorders" by writing to PO Box 12, Leen Gate, Nottingham NG2 3AA. Crookes Healthcare continue to support patient groups such as the National Eczema Society and the Psoriasis Association. The NES will benefit from a grant to fund their first ever schools campaign which will give information to teachers and pupils on the control of eczema.

An extensive public relations campaign will use sponsored seminars, educational supplements, advertorials and consumer leaflets to inform both the public and health professionals about the uses of the **E45** range. New material for health educators is provided in the information package "Dermatitis at work — a health professional's guide to diagnosis and management," which includes a video and illustrated guide.

The relaunched **Timotei** skincare range is being supported by a £600,000 campaign which runs to the end of the year and is targeted to younger women. One of the three advertisements features the new body wash. In addition, £1m will be invested in a public relations and sampling campaign to encourage trial among a younger audience.

Starting in July, Vichy will run a nine-month magazine offer in major stockists. Customers sending proof of purchase of **Elastifine** daily moisturiser will receive free the next three issues of their choice of *Cosmopolitan*, *Good Housekeeping*, *Company*, *She* or *House Beautiful*. Packs of

the product will carry a sleeve explaining the offer and include an application form.

During 1991, **Anne French** will be advertised in a selection of women's magazines, including *Cosmopolitan*, *Mizz*, *My Guy*, *More*, *Big*, *Chat* and *Jackie*. Editorial sampling schemes are appearing in a number of magazines. The company says research has shown that Anne French fragrance free has 70 per cent consumer awareness and is meeting the growing demand for affordable fragrance free products.

Smithkline Beecham are hoping to use top model Yasmin le Bon again this year in

Continued on p916

Top brands in skincare

Total Market

12 M/E	Dec '89	Dec '90
Total market (£'000's)	236,102	284,024 +20.3
Body Shop	1	1
Oil of Ulay moisturiser	2	2
Avon	3	3
Boots toiletry ranges	4	4
Clinique	8	5
St Michael	5	6
Nivea	6	7
J&J baby lotion	7	8
Plénitude	10	9
Vaseline	9	10

Premium sector (consultant/cosmetics)

Total sector	55,862	64,839 +16.1
Clinique	2	1
Estee Lauder	1	2
Lancome	3	3
Boots No 7	5	3
Clarins	2	4
Vichy	4	5

Mass market (toiletry)

Total sector	140,496	177,468 +26.3
Body Shop	1	1
Oil of Ulay moisturiser	2	2
Boots toiletry ranges	3	3
St Michael	4	4
Nivea	5	5

Total pharmacies

Oil of Ulay moisturiser	1	1
Plénitude	10	2
Nivea	5	3
Cream E45	2	4
Vichy	3	5
Simple	7	6
Vaseline intensive care	8	7
J&J baby lotion	4	8
Pond's range	6	9
Aapri	9	10

Source: AGB Market Track Recall

NATURAL INGREDIENT ATTRACTIVE



PURE NATURAL BEAUTY

THE EXCITING NEW CLAIRE FISHER RANGE OF NATURAL COSMETICS, ALREADY THE NO 2 SKIN CARE RANGE IN GERMANY, IS NOW AVAILABLE IN THE UK.

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STYLISH PACKAGING MARGINS



their advertising for **Pure & Simple**, although the timing of the campaign has yet to be confirmed.

Smith & Nephew are supporting the **Simple** range with a £3m campaign this year, half of which has been allocated to national television. The advertisements are designed to appeal to Simple's target market — women aged 16 to 34. A two-tier display stand aims to bring together Simple products usually displayed at different points, thereby increasing consumer awareness of the breadth of the range and encouraging stocking of the smaller lines.

Cyclax aim to target pharmacies with more emphasis on below-the-line promotional activity. Several special offers are planned and pump dispensers and trial sizes will be available across all the ranges. For the **Moistura** range there will be a competition and gift with purchase promotion this Summer, a special travel size super rich moisturising lotion, sampling of gentle skin toner on deep cleansing lotion and of super rich moisturising on skin conditioning lotion, plus trial sizes of super rich moisturising lotion and normal/dry moisturising cream.

For **Moistura** fragrance free there will be a free standard size toner banded to moisturising lotion, and there will be a special price on Neojuvex all day face firmer.

A new partnership

A new partnership has recently been formed between Fine Fragrances and Cosmetics and Ultraglow, who are handling sales and distribution of **Regina Skincare**. September sees the launch of the range into larger Boots stores, backed by an advertising campaign with a "six figure" spend, and public relations. There is a new merchandiser in grey, white and gold, with an "elegant" image. Essential moisture will be repackaged and the consistency thickened for easy application.

A £1.2m television campaign, starting this month, coincides with the relaunch of the **Aapri** cleansing range. The new advertisement features Aapri gentle cleansing lotion for the first time. The lotion, skin freshener and facial washcream have a lighter apricot fragrance while the gentle scrub contains more finely milled particles of apricot kernel. Aapri facial scrub, the first to appear on the OTC skincare market, is claimed to have sustained its position as the top-selling scrub.

Eylure Nobel Ltd have also introduced a **Ten-o-six** soap-free cleansing gel from the Bonne Bell laboratory in Ohio. The recently-relaunched **Nulon** hand lotions are being supported for the first time in years by a highly targeted Press campaign and sampling.

Claire Fisher Natural Cosmetics, Germany's number two skincare brand (next to Vichy), are being introduced to the UK this month (*C&D*, May 18). The range uses natural plant ingredients for the three main skin types, and fills a demand for more luxurious natural skincare as an alternative to increasingly scientific products. A merchandiser holding 22 items is available with free products and free sample sachets that the pharmacist may sell, thereby saving £40 on the £72 unit.

The range comprises cleansers, toning lotions, moisturisers, hand cream and body



Montagne Jeunesse Nature's Bodycare range

milk, and prices range from £4.29-£7.99. Advertorials will start appearing in the women's Press in July. Distributors are SiBSS Associates.

Stiefel Laboratories (UK) Ltd have given Intercare Products Ltd the marketing and sales responsibility for new OTC products based on **Oilatum** emollient. An Oilatum dermatological bath formula was launched last month in London and the South-east (125ml, £3.27; 20ml introductory size, £0.50, with chance to claim the money back on purchase of the regular size). Both sizes are available on a display unit with consumer leaflets.

Consumer advertising and promotional activity is planned for the **Ahava** skincare collection, based on minerals found on the shores of the Dead Sea.

Pond's cream and cocoa butter is claimed to be the third largest brand in the general purpose sector. This position is expected to be consolidated during 1991 with a Press campaign worth £465,000, targeted at the brand's ABC1 female user group aged 16-35. Public relations activity includes competitions and sampling in selected media, and several national promotions are planned for this year.

Pond's dry skin cream and light day cream have been reformulated to include UVA and UVB sunscreens, and will be highlighted in a £400,000 campaign in women's magazines from August to November.

A five-week national television campaign for the recently-launched **Nivea Visage** range (*C&D*, April 20) starts mid-July, backed by Press advertising, sampling and public relations worth £3.5m in all.

Montagne Jeunesse will be launching a new range later in the year, proceeds from which will go to the new "Endangered environments and species campaign". The company is developing a new logo for products which are considered

to be truly "green".

The **Mudd** range will benefit from a £300,000 advertising campaign this year in print media and on the London Underground, plus below-the-line support in women's magazines. A new promotion pack offers an extra sachet free with every purchase of Mudd mask, sensitive or scrub plus.

Some more new products

Among recent product launches are Revlon's Eterna 27 Hydracolor, a tinted, facial, moisture intensifier with SPF12 protection, for dry, devitalised skin.

Elizabeth Arden have introduced anti-cellulite toning treatment and body-firming treatment, while Helena Rubinstein's latest introduction is Skin Life TPA eye contour cream.

For problem skins

Roche Products Ltd say that the problem skincare market is worth £28m and growing at 14 per cent. The market is broken down into three sectors — cream and gel treatments (£11m), soaps (£1.5m) and washes and cleansers (£16m). A new line-up of Valderma products is being introduced this year, including Active gel (*C&D*, April 6). The brand's relaunch is being supported with a £1m promotional spend.

Smithkline Beecham are investing £2m in promoting the Oxy medicated skincare range this year. The advertising uses a new television commercial this month and next, followed by three months of radio advertising. A Press campaign runs until October in teenage magazines. A variety of POS is available.

Laboratoires Roc's latest solution to oily problem skin is a skincare programme incorporating a gel cleansing wash, treatment lotion and shine control cream.

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Lundbeck

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On the face of it — Timotei relaunches Skin Care

An increase in the number of women regularly buying skin care products and their greater awareness of the benefits of caring for their skin have led Timotei to relaunch its skin care range for 1991. The range is being repositioned to maximise the opportunity for growth amongst young consumers who are attracted by a range designed to leave their skin clean, fresh and clear.

The total skin care market has increased by 15 per cent to £257 million between 1989 and 1990, and the toiletry skin care market grew by almost 26 per cent during the same period. Prime factors influencing this growth rate are the increase in younger users, and the introduction of different types of premium cleansing products, such as facial washes and facial scrubs (Source AGB/EG). It is the increased usage of facial skin care products among young women (11-24 years) which represents the largest opportunity for growth for Timotei Skin Care which has always found a natural audience with this consumer group.

The natural choice

Appealing particularly to the woman who wants a refreshing, natural product which is easy to use and easy on the pocket, the Timotei range offers the consumer all she needs for a complete skin care routine — cleanser, facial wash, freshener and a moisturiser.

To complement the relaunched range, Timotei has also introduced a new product — Timotei Body Wash.

This creamy liquid wash will appeal to the health-conscious 16-24 year old who now prefers the invigorating, fresh experience of a shower — under-24 year old women account for over 40 per cent of female shower gel usage (Taylor Nelson). Timotei Body Wash is also ideal for use in the bath and does not have the drying effects of conventional bar soap. It is available in a 200ml flip top tube retailing at about £2.24.

A Facial Scrub from Timotei containing finely ground corncob granules and almond meal in a cleansing base is also to be introduced soon. The new product capitalises on the rapid growth in this sector which now represents 18% of the facial cleansing market and fits perfectly into the rest of the Timotei Skin Care range.

Formula for success

The lighter formulations and lower fragrance levels across the Timotei Skin Care range mean that all the products are even milder to use — a plus for those looking for a gentler, healthier product.

New packaging and graphics give a bolder, more confident look for greater shelf impact. The Moisturiser has also come out of its carton and now displays its pretty shape in an easy dispensing 100ml plastic bottle.

The young ones

The better focus on the young consumer with her greater disposable income and improved packaging and formulations will undoubtedly increase Timotei Skin Care's current 1.4 per cent (value) share of the toiletry skin care market (AGB 1990).

The launch is being supported by a £600,000 (MEAL) national press campaign featuring bold new advertising appearing in younger women's magazines. There is also a heavy £1,000,000 PR and promotional support programme including sachet sampling on women's magazines and the introduction of fully branded display trays.







70 years of serving pharmacists

At 70, the National Pharmaceutical Association is going from strength to strength. Next weekend members have the chance to visit the NPA's offices at Mallinson House, St Albans and to attend the third NPA show in 12 years. This takes place on Sunday June 9 at Alban Arena, Bricket Road, St Albans, and opening hours are 9am-6pm

NPA departments can be found on three separate stands. The Pharmacy Medical Insurance Company is on stand F7 next to the Pharmacy & General Provident Society (F6). All other departments are on the main NPA stand (F17). There will be special prices on some NPA business aids and training packages on that stand.

For pharmacists wishing to have a more in-depth look at the NPA and its operations, guided tours of Mallinson House will run throughout the day. Pharmacists wanting to go on a tour should collect in the Arena foyer near the main entrance where staff will be available to lead them to "one of the army" of Mallinson House guides, at ten minute intervals.

Starting at the main entrance in St Peter's Street, pharmacists will be taken to all the major departments in Mallinson House, most of which will be staffed. This part of the tour will finish in the new physic garden, which contains many plants of pharmaceutical significance, and which has been laid out by a staff member. Those who want will be taken into the adjacent building, opened last year, to see the PMI and pharmacy planning offices. The "grand tour" will take 30-45 minutes.

A reproduction, vintage style delivery van in NPA livery will tour the streets of St Albans on the day. Similar vans will shortly be available to pharmacists through the NPA — they can be painted in their company livery.

Just the ticket

Pharmacists entering their show tickets into the prize draw can win one of two weekends in the Cotswolds or at a Thistle Hotel of their choice, or one of several other prizes.

Chemist & Druggist will be there (on stand F13 in the foyer of the main hall), so do come along and see us. We shall have available entry forms for the 1992 Shop Design Awards co-sponsored with Whitehall Laboratories (see pp920,921), as well as reprints of C&D seminars, *Over the Counter* supplements, and other services. You can also meet staff from sister company MGB Exhibitions who organise Chemex (May 18, p846).

Here is a preview of what some of the 50 exhibitors will be showing next Sunday.

Customer services

At the **Intercare** stand (H27) pharmacists can obtain free copies of a booklet "Understanding non-prescription medicines" which Intercare have produced in conjunction with the NPA. It is a dictionary of terms, aimed at improving the public's understanding of medicines and medical and technical terms. They could also be used for training counter assistants, Intercare suggest.

The company will also be displaying its range of OTC products offering special show deals for Aller-eze, Ex-lax and other laxatives, Hemocane, Triominic and Allergan, Oxysept and Ultrazyme products.



UNDERSTANDING
NON-PRESCRIPTION
MEDICINES

A DICTIONARY OF TERMS

The Magic Moments range of hair accessories and hair-care products, available from **Llandaw & Co Ltd** and **Vernon Powell Ltd** (H27) can be seen on their new display stand for the first time. The free standing wall unit measures 1m wide by 1.8m high.

Anglo European Health (S3) will be showing a new product, which they say is the only one of its kind available. The Clinimeter is a credit card sized, disposable device for measuring cholesterol levels — the first to be cleared by the Food and Drug Administration to measure cholesterol as accurately as a laboratory instrument, say Anglo European Health.

Clinimeter is not only for the patient self-test market, but will also enable pharmacists to carry out a cholesterol test without the need to buy expensive diagnostic machines, says the company.

Shop assistance

Geller Business Machines (N11) will be showing a new cash register — the Futura 100. It possesses the features most commonly required by pharmacies, and its modern appearance will appeal to retailers who believe that equipment should complement modern decor, Geller believe.

The Futura 100 is available in either gun-metal grey or claret red (cost £595, subject to NPA members' discount, plus VAT).

Thinking of starting to keep patient medication records? Visit **Park Systems'** stand (H24). They will be showing the latest version of their PMR computer labeller.

Additions to the system include automatic production of oxygen supply reports, a range of controlled dosage system supply reports, plus the ability to design reports to any specification.

The contra-indication monitoring system is enhanced, and also alerts the pharmacist to multi-charge items. There are also improvements to screen displays and reports.

There is no increase in the price of the system which remains at £2,500 plus VAT after NPA rebate. Optional extras — stock control and treatment information leaflet modules — are also available. And as part of their tenth anniversary celebrations Park will be offering a special anniversary deal at the show.

Faylite Signs (F20) will be showing a new range of "vividly visible" neon signs in a range of colours and sizes. Neon lights are among the most brilliant of all advertising signs yet their low wattage means that they are economical to run, say Faylite. They will also be showing a matching range of projecting lit box signs.

H+H System (H4) will be showing Opsu — original pack storage unit — which has been created by mating their Austrian divider system with the British drawer.

These units will fit into an 18in space and can be used either singly (six drawers £395) or doubly (12 drawers £775, prices exclude VAT and delivery).

A 10 per cent NPA members rebate applies to both items. Delivery charges are normally £15 (single) and £25 (double), but orders taken at the show will be delivered free of charge.

Hadley Hutt (H43) will be showing their multi-user system, which they say is the most advanced available. And their laser printer with stand is being offered at the special price of £710 (excluding VAT).

Techniques of reducing losses from in-store theft will be the theme of the exhibit of electronic article surveillance specialists **Actron UK Ltd** (H22).

The main emphasis of their exhibit will be on Deactline, a new deactivation technique for anti-theft security tags which enables them to be neutralised automatically at the same time the bar code is scanned.

Also on show will be a proximity deactivator, examples of Actron's range of hard and soft security tags, and alarm antennae which are placed at store exits or cash points.

Surgichem (H34) say their Nomad cassette is now totally tamper evident due to the incorporation of new seals. Their computer program is now complete, allowing the production of cassette medication cards, medication administration record sheets and data print outs. Additions to the range include a Bristol Maid trolley and metal wall cabinets.

Competition and offers

Fancy winning an **Esselte Meto** (H37) electronic article surveillance tagging system worth over £6,000? NPA members qualify for entry into Esselte Meto's free prize draw competition. Entry closes on September 1, with the draw on September 16.

The security system uses as tags small self-adhesive labels which are dispensed from standard Meto price marking guns. The labels can also be used as normal price marked or stock control labels.

The company is offering NPA members who purchase a new Esselte Meto pricing gun, up to September 1, a £25 discount on the current price of £62.90 by trading in their existing gun, whatever the make.

During the same period, members will receive a free carton of assorted promotional labels pre-printed with four different designs, with every two or more cartons of standard order pre-printed labels.

Guide to exhibitors

Main Hall Foyer

- F4 Yorkline Shopfitters Ltd
- F6 Pharmaceutical & General Provident Society
- F7 Pharmacy Mutual Insurance Co. Ltd
- F9 Precisa Balances Ltd
- F11 MGB Exhibitions
- F13 Chemist & Druggist
- F14 Newborne Group
- F15 Oxytitre Ltd
- F16 Ronco Sales Organisation
- F17 National Pharmaceutical Association
- F20 Faylite Signs
- F21 British Medical Association

Main Hall

- H3 Crescent Installations Ltd
- H4 H+H System
- H5 S. Calvert Computer Services
- H6 SmithKline Beecham
- H8 Boehringer Mannheim (UK) Ltd
- H10 Kirby Devon Ltd
- H11 Geller Business Machines
- H14 Perrins Marketing Travel
- H15 ADT Security Systems
- H17 3M United Kingdom Plc
- H18 Volumatic Ltd
- H19 Sellotape Products Ltd
- H20 Dorling Kindersley Ltd
- H22 Actron UK Ltd
- H23 Royal Pharmaceutical Society of GB

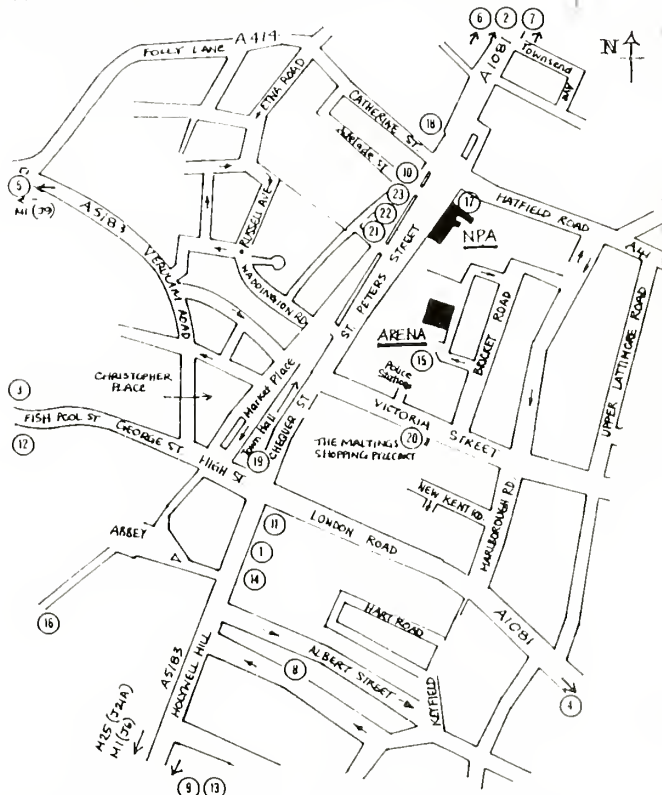
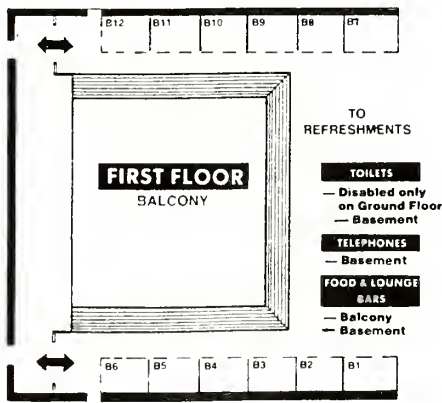
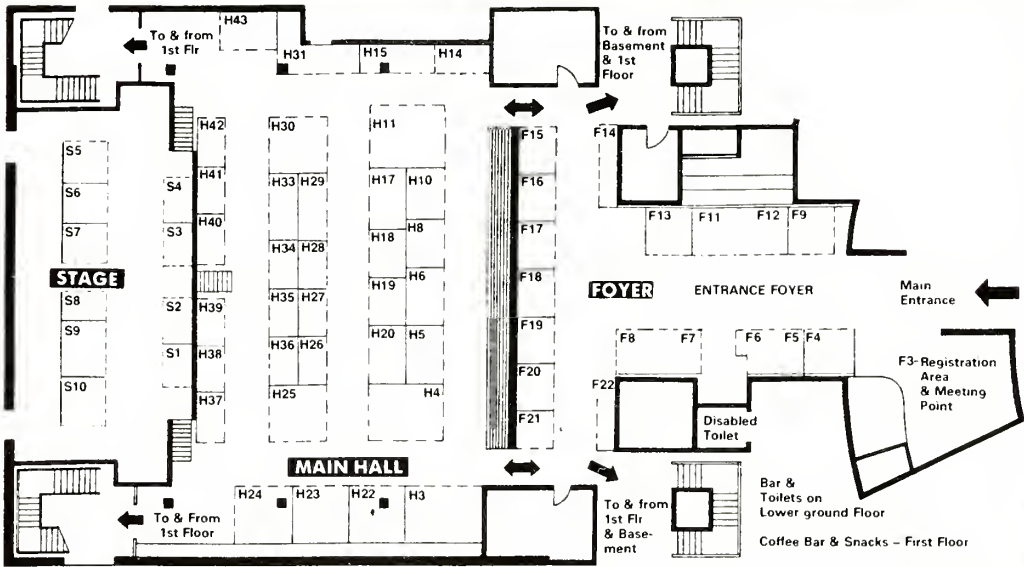
- H24 Park Systems Ltd
- H25 Landaw - Powell
- H26 Ames Division of Bayer Diagnostics UK Ltd
- H27 Intercare Products Ltd
- H28 Fairscan Ltd
- H30 Electrolux Ltd
- H31 Pharmaceutical Services Negotiating Committee
- H33 Merrell Medicines
- H34 SurgiChem Limited
- H35 Venalink Ltd
- H36 CMB Packaging
- H37 Esselte Metro Ltd
- H38 Jaycraft Printed Products Ltd
- H39 W+W Medsystems-Medication Systems
- H40 C. Williams & Co. Ltd
- H41 Denward Manufacturing
- H42 Sage Group Plc
- H43 Hadley Hutt Computing Ltd

Main Hall Stage

- S1 Chubb Security Installations Ltd
- S3 Anglo European Health
- S9 Woodstyle Ltd

Balcony Area

- B1 Proprietary Articles Trade Association
- B7 Vetchem



Top: Mallinson House - the home of the NPA
Middle and above: Floor plan of Alban Arena
Right: How to get there

Etiquette in Evesham

As your news report last week said, the Dispensing Doctors' Association has objected to the Evesham leaflet, but solely because it contained an insupportable statement. Despite what is becoming an extensive correspondence with the Royal Pharmaceutical Society, I have yet to receive a straight answer to the Royal straight question: "When the patient signs the dispensing form which will permit the doctor to provide medicines for him, does the patient or does he not retain the right to use the pharmacy of his choice as and when he wishes?"

The president of the Society knows, the registrar of the Society knows, and the Evesham pharmacists know that the answer to that is a resounding "Yes". Yet the leaflet emphasises the contrary by underlining: "If you opt for dispensing by your doctor you will have no option but to travel to the surgery to obtain your prescription medicines. You will not be able to use local pharmacies."

Now that is not a mistake by the pharmacists because they

know it is incorrect — as does the Society and the Pharmaceutical Services Negotiating Committee who advised them — and it is having an adverse effect on the practices involved.

That is why I know that the consortium of pharmacists should be admonished by the Royal Pharmaceutical Society and face a hearing of a pharmaceutical service committee locally. The DDA has requested that both should take place.

David Roberts
Chairman, DDA

A duet, not a solo

I am pleased to reassure my new Council colleague, John Carr, that he will not be a lone employee voice on that body, as you reported in last week's issue. There are, in fact, several, although all but one work either in academia or industry, or are directors of their own pharmacy businesses. That one other is myself, a teacher/practitioner employed by the same company

as Mr Carr, and still very much a community pharmacist.

I was pleased to read that Mr Carr will be supporting me and others in the campaign to establish a community pharmacists' membership group within the Society. I must point out, however, that it is not intended solely for the benefit of employee pharmacists — although they are sorely in need of some means of democratic representation within the profession — but will be for the good of all those who work in the community branch.

As we welcome two new members of the Council it is sad to say farewell to the two who lost their seats, as both made valuable contributions in their different ways. In your editorial you commented on Ashwin Tanna, whom you said "forcefully represented the views of the membership," and who did not become moulded to the collective view. I should like to think that in me there is still one voice left on the Council of the same independent and forthright stamp, who also genuinely tries to reflect the feelings of the ordinary member at Lambeth.

In your editorial you also said of the other new Council member, Gordon Appelbe, that he "could lift the lid on some of the Society's inner workings." I should like to remind your readers that I have had the privilege of doing just that several times in your columns, and hope to have the opportunity again in the near future.

Alan Nathan
London N21

The protest vote — or lack of it

I was astonished to read your editorial comment that the Department of Health's unilateral termination of the cost plus contract in 1989 and subsequent pay impositions have caused little real pain to pharmacy contractors in England and Wales. The reality is that the Department has reduced remuneration by at least £50m per annum below the level which would have applied under the cost-plus contract and this represents a loss of £5,000 per annum off the bottom line of the average contractor. Pharmacies may not be closing but a reduction of this magnitude in cash flow must impact on the quality of service and demotivate pharmacists who are constantly being urged to expand their professional role.

Taken in conjunction with the Department's current antics in delaying payment of the lump sums, failing to pay the £1.8m due to those contractors providing services to residential homes and maintaining PMRs as at March 31 1991, and failing to provide adequate remuneration for needle exchange schemes, it is hardly surprising that the Pharmaceutical Services Negotiating Committee and contractors view the financial future of community pharmacy with apprehension.

M.D. Brining
Financial executive, PSNC

The pricing of Isogel

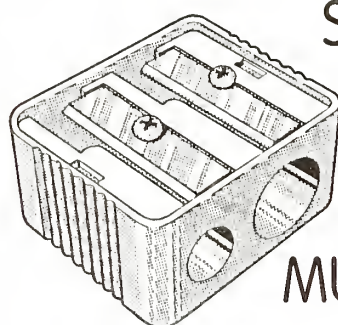
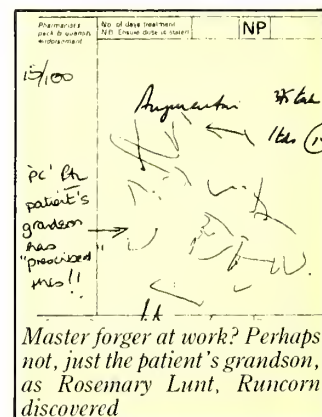
Charwell Pharmaceuticals have been distributing Isogel since March 18, 1991. The retail price of Isogel was increased from £1.49 to £2.37 early April. The previous price increase was during 1980 (11 years ago!). This situation resulted from the complications regarding pricing of NHS reimbursed products.

At March 18, 1991, Isogel materials and direct manufacturing costs alone exceeded the wholesale price. Discontinuation or price adjustment were the only realistic alternatives.

Isogel, at current costs, is by far the most economically priced branded ispaghula product.

D.M. Merrington
Managing director,
Charwell Pharmaceuticals Ltd

Editor. Of course C&D appreciates the pain caused by the unilateral termination of the cost-plus contract and subsequent pay impositions — we have said as much in numerous leaders. However, we were expressing our surprise that this pain so seldom translates into public protest against the DoH or PSNC negotiators.



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BUSINESS NEWS

Grampian bid for Macarthy will 'run and run' say analysts

Grampian Holdings have launched a £56.5 million hostile bid for Macarthy. At the same time it has asked for a Stock Exchange investigation, following a hike in the Macarthy share price before the bid was announced.

Macarthy chief executive Ian Parsons immediately rejected the bid as "clearly inadequate," and one that "fails to reflect the strategic value of our retail chemist chain, let alone the total value of all our businesses."

Analysts agree the bid is too low to succeed and are expecting Grampian to come back with an improved offer. "This one will run and run," one analyst told *C&D*.

Grampian's is a largely paper offer which consists of eight convertible Grampian preference shares for every five 20p ordinary shares in Macarthy, plus cash for the relatively small amount of Macarthy preference shares.

Grampian chairman Bill Hughes told *C&D*: "The convertible shares offer a high income — higher than the income currently enjoyed by Macarthy shareholders — and the shares can be converted to Grampian shares once the company's earnings have grown to match them." Grampian calculate the shares offer a 29 per cent premium over Macarthy's ordinary share price on May 20.

Grampian Holdings are described by analysts as a "mini conglomerate" which make up to 10 per cent of their profit from their veterinary pharmaceuticals division. The company insists integration with Macarthy will provide "operational synergies"



Macarthy chief Ian Parsons: bid "clearly inadequate"

on the pharmaceutical manufacturing and distribution side, though Macarthy's retail pharmacy chain, Savory & Moore, is generally regarded as the main target for the predator.

Ian Hillicker of analysts County Natwest told *C&D*: "Grampian have a history in retailing — retail knitwear. However, I think what triggered this bid is that pharmaceutical retailing is an area the Grampian management is familiar with. They think they can do good things with it." This reflects the fact that Mr Hughes is not only a pharmacist, but at an earlier stage in his career built up the R. Gordon Drummond chain which later became a large part of Savory & Moore.

Mr Parsons remains dismissive. "We robustly defend this opportunistic bid and continue

to be optimistic. The message is business as usual. The bid does not seem to acknowledge there is a new management team throughout the group. There is no mention of Farillon, which is a robust and successful distributor of pharmaceutical products. It makes me wonder how prepared the bid is."

Analysts contacted by *C&D* agree that the Grampian bid is opportunistic. "Macarthy are at the bottom of their trading range," said James Dodwell of county Natwest. "While they have installed new management they have not been given much time to do anything. In fact they have done quite a lot but it has not come through in the results yet."

Another analyst said that management have not fully explained the company's restructuring, including the sale of the wholesaling division, to the City. "Grampian have got money to invest in the business and good strong management. Nevertheless, the bid only just covers the value of the retail side; it is just an opening shot."

Mr Dodwell agrees. "Even if Macarthy are carrying debts of £10m to £15m, the retail chain is worth around £54m, Holland and Barrett and the small veterinary wholesaling business are worth around £6m together while Farillon, if you include the manufacturing operation, is worth around £20m. That leaves the company worth at least £65m."

Another bidder for Macarthy is not ruled out, with the names AAH, Unichem and Allen Lloyd most often mentioned.

Vantage go for D&P

AAH's Vantage symbol group are launching a photographic D&P service in conjunction with one of the major photographic process houses.

Vantage members who take up the D&P scheme will receive both point of sale material and promotion items such as Vantage print wallets free of charge. Themed POS is planned for special occasions such as Valentine's Day, Mothers' Day, Christmas, and so on.

The scheme will be run on a subscription basis to allow AAH to quantify the runs of promotions material. The Vantage Photoservice will offer a variety of consumer promotions including free film, free photo albums and radio offers, plus scratch card promotions.

The scheme follows a successful pilot scheme with Vantage members in South Wales. AAH are encouraging pharmacists wanting further information to contact their local AAH pharmacy sales representative.

Chemist & Druggist Directory 1992. All companies who received editorial entry forms are reminded that the *Directory* will be closing for press on August 23. To ensure your company details are correct please return your entry form as soon as possible, whether there are any amendments, or not. If you have not as yet received an entry form, or are returning a completed one, please write to: Benn Business Information Services, PO Box 20, Sovereign Way, Tonbridge, Kent TN9 1RQ. For further information contact Sarah Walker, production editor, on 0732 364422.

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Medeva spell out payment plans for MD

Medeva have announced details of how they intend to pay for their purchase of the US generics manufacturer MD Pharmaceutical Inc (C&D May 18, p849).

Medeva are offering some 45 million new ordinary shares on a one for three basis at 126p per share. This is intended to raise £56.7 million before expenses to fund the purchase and provide some additional working capital.

The \$77m price tag for the American company will be met with \$72.2m in cash, provision for MD Pharmaceutical shareholders with the option of over 3 million ordinary shares, and a \$2.2m fund to provide incentives for the senior management of the American company.

Medeva chairman Bernard Taylor said: "Since the announcement we have received

a warm response from shareholders, which is extremely encouraging. In its own right MD Pharmaceutical is an extremely good acquisition for Medeva — the terms are financially attractive, we understand the products and markets and we are obtaining a successful and committed management team. Beyond this, MD Pharmaceutical should service Medeva well as a strategic platform for the group's further international development, where the outlook remains very encouraging."

A five year non-competition agreement with the vendor is part of the deal. The offer of shares is conditional on the shareholders' agreement to the buyout. It is anticipated that dealings in the new ordinary shares will commence on June 21.

Park upgrade PMR system

Park Systems have upgraded their PMR system to incorporate the automatic production of oxygen supply reports, enhanced age interaction alerts and the monitoring of drugs contra-indicated in pregnancy. A range of controlled dosage systems supply reports are produced and the system can design reports to any specification.

Available as optional extras are

stock control and leaflet modules. An interactive stock control option will automatically monitor and adjust stock levels and alert to multi-charge items.

Treatment information leaflets are generated automatically on an Ink Jet printer (£350), which, say Park, produces laser-quality print. The system will automatically monitor leaflet production to avoid repeated supplies.

COMING EVENTS

Celebratory tea party

The Leicestershire Branch of the Royal Pharmaceutical Society is organising an afternoon tea party to celebrate the sesquicentenary. The event is planned for June 20 at The Friends Meeting House, Queens Road, Leicester. For details, call Vela Burden on Leicester 767694.

Healthcare exhibition

Health Care 91 — the international exhibition for the whole hospital — is being held at Birmingham's NEC from June 18-20. An exhibition of innovations and the latest techniques is planned in conjunction with a series of healthcare lectures. For details, call 0895 679111.

Merck and MRC R&D pact

E. Merck have signed an agreement with the Medical Research Council to establish a research facility at the MRC Collaborative Centre at Mill Hill.

Initially research teams will focus on antibody engineering projects using antigen targets with therapeutic potential for several common non-haematological cancers. At a later stage the agreement anticipates joint research projects in the central nervous or cardiovascular areas.

MRC are providing the facility, infrastructure and scientific input, while Merck are funding the project to the tune of DM3 million a year for 1991 and 1992, with an increase planned for 1993.

MRC will receive licence fees and royalties on products deriving from the research, though E.

Merck will have exclusive marketing rights plus non-executive rights to any MRC — enabling technologies.

Dr Chris Hentschel, director of the MRC Collaborative Centre said: "Over a period of two years we have established a series of successful projects with E. Merck. Our combined expertise in the areas embodied in this agreement is both considerable and synergistic, making them a natural partner for a long term R&D relationship."

Windsor Pharmaceuticals have changed their name to Windsor Healthcare Ltd. "The new name more accurately reflects the brand, portfolio and marketing activities of the company," says director of consumer products Anthony Bush.

Lloyds Chemists plc have appointed Tim Brookes as non-executive director of the company. He was previously Chairman of In Shops plc, and is a Fellow of the Institute of Chartered Accountants, the Chartered Institute of Certified Accountants. Mr Brookes is a member of the Smaller Firms Council of the CBI.

Thursday, June 6

Weald of Kent Branch, RPSGB. Postgraduate Medical Centre, Kent & Sussex Hospital, Tunbridge Wells, 7.45 for 8pm. Annual meeting and "Acupuncture" by Mr M. Diljani, Benenden Hospital.

Advance information

Graver Boot Associates. "NHS turbulence and transition" conference at Heythrop Park, Oxford on June 11. For details call 0246 583440.

"Clinical trials: The changing regulatory scene in Europe". Seventh ESRA International Meeting, Swissotel Rheinpark, Neuss, Dusseldorf, June 16-18. Details from Quentin Livingston on 071-388 9526.

The Royal Society of Chemistry. "The potential of mass spectrometry for clinical investigations" at the Institute of Child Health, London, June 17-18. Details from RSC on 071-437 8656.

Forum Europe. "Advertising in Europe" conference at the Palais des Congres, Brussels, June 20. Details from Forum Europe on (322) 771 8868.

IBC Technical Services Ltd. "Good clinical practice in Europe", Barcelona Hilton, Spain on June 20-21. Details from Hilary Pendall on 071-236 4080.

ICI Locums agency say they can now supply locum pharmacists on a nationwide basis, and the pharmacy division has been relocated to their head office in Darlington. Tel: 0800 262043.

The first official eco-labels are expected to be awarded next year. Although the Government would prefer voluntary eco-labelling to be part of the EC scheme, it will go ahead with a national scheme if this is delayed, says Under-Secretary for the

Zyma merger

Ciba-Geigy has announced its intention to merge the European business of its self-medication sub-division with Zyma. Zyma operate in ten European countries, including the UK.

The company has its headquarters in Alderley Edge, UK, while the self-medication business of Ciba-Geigy, trading at Ciba Consumer Pharmaceuticals, is based in Horsham. Patrick Foster, at present chief executive of CCP, will head the new combined business in the UK. However the situation remains unchanged at present.



Peter Dodd accepts congratulations from Dr Jurgen Brink (left) and Wim Dermer (right), following Unichem's acquisition of 17 per cent of PAG Pharma-Holdings. Dr Brink is chief executive of Germany's largest pharmaceutical wholesaler Egwa-Wiveda and chairman of the third largest, Anzag. Mr Dermer is chief executive of OPG, a major Dutch pharmaceutical wholesaler. PAG's sole asset is a 30 per cent stake in Anzag. Unichem took out an option for the purchase before its Stock Exchange flotation last November (C&D Nov 10, p860). Unichem are issuing 3,636,320 new shares, equivalent to £4,218,132, to exchange for the PAG holding

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Interviews will be held locally and induction training will begin during June 1991.



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Closing date for applications: 21st June 1991.

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'They pay you as well..?'

Answering a small ad in the *Chemist & Druggist* led to the good life for one British pharmacist. Philip Gladwin — the brother he left behind on the shelf — wonders why we don't all make the break

Robert Gladwin, (otherwise known as Charlie) aged 24, has voluntarily undergone exile to the "second most remote (sizeably populated) place in the world". He's 650 miles from the nearest city, his two year contract gives him only three weeks holiday in all and he looks rueful when you mention "promotion". Despite this he's ecstatically happy, probably because he no longer wastes two hours a day shoe-horned into the train between Orpington and London Bridge. Also worth mentioning is that his particular cell isn't a wooden hut in Irkutsk, but a spacious harbour-side luxury apartment in Bermuda.

Remote... just removed

When they say "remote", they mean "removed from everyday life". Bermuda has mile after mile of unspoilt beach, a near perfect climate, and tax laws that err on the side of the humane. It has little crime, a landscape that makes even the locals pause, and a pace of life that means greeting everyone you pass on the way to work. It's no rustic backwater. The financial advantages of having a Bermuda-side office mean that over the years enough money has poured into the island to raise the standard of living for everyone. Just about everything you could want is imported, from British marmalade, American musicians and spare parts for the power boats to the island's drinking water in dry periods.

Nominally British, Bermuda is comfortably international. After finishing work for the day you buy a soda from the drugstore, you walk past the cruise ship from New York moored at the harbour wall, you stroll down green lanes familiar from rural Devon, and you come to the pink, sandy beach with the sea that approaches body temperature. The hurricane season adds excitement, but any tropical storm that does make it past the reef is an excuse for cocktails at a Hurricane party, where the island's favourite drink, the Rum Swizzle, temporarily gives way to the island's second favourite drink, the Dark & Stormy.

Occasionally, of course, some work must be done. Charlie works at the only pharmacy in St Georges, the oldest town on the island. It's a family business, sitting just off the quiet main square. He treats more sunburn than anything else, but he also prescribes for Portugese Man o' War stings (paw-paw juice), and Bermuda Rot (myconazole).

There is no National Health Service, and the individual item charge of BDA \$13 (about £7.50) plus the wholesale cost of the drug means that prescriptions can seem absurdly expensive. Despite this, pharmacists have a higher standing than in England, often being

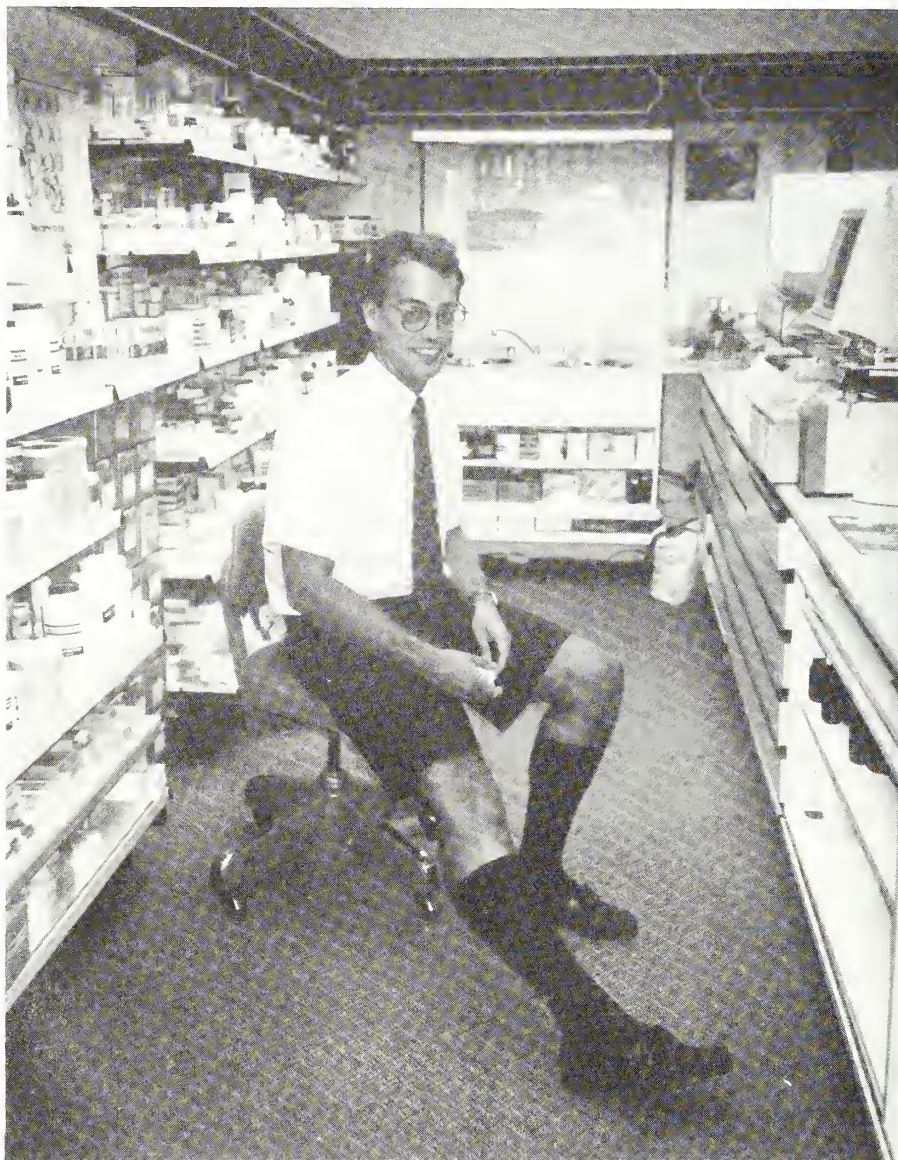
addressed as "Doc", and they have the authority to substitute equivalent drugs if the prescriber will permit. Most of the pharmacies have computers, which keep patient records and allow prescriptions to be phoned through by doctors and refilled elsewhere. Two Acts control pharmacy on the island; the Misuse of Drugs Act, effectively a copy of the UK Act, and the Pharmacy and Poisons Act (PPA), a combination of American and British law. There is no national formulary, and the different backgrounds of the prescribers can confuse things. Both imperial and metric measures occur, and the different trade names for the same product make Martindale, and the American and Canadian equivalents of the Data Sheet Compendium, essential.

Charlie has been out there for 11 months, but one of the pharmacists he works with went out on a similar contract before Charlie was born and never quite made it home again. It seems to affect people that way. Even his

salary improved, up to around the BD \$46,000 mark (about £24,000 — taxfree.) When a loaf of bread costs about £1.50 that isn't quite as impressive as it might be, but many people save \$40,000 or so in their two years there.

Naturally, migrating to such a desirable spot isn't all plain sailing. Native Bermudians have preference if there is competition, and there is a three hour exam set by the Bermuda Pharmacy Association before you can register under the PPA. There are occasional ads in the British Press, however, and with suitable revision the exam is eminently passable.

You could, if you were like that, complain about the lack of authentic atmosphere in Bermuda — there are no dense rain forests like the Caribbean islands, just the highest density of golf courses in the world — but not for very long. The warmth of the people and the blue of the sea make dissent seem like ungrateful carping. It really does seem to be a case of "You mean they pay you as well?"



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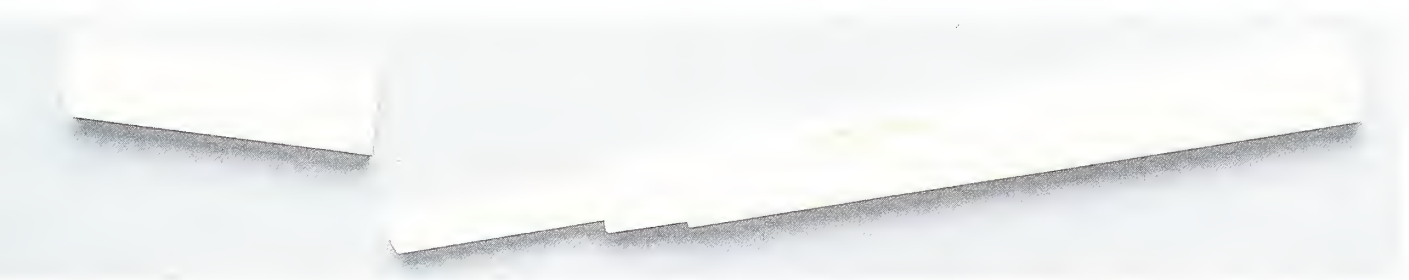
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